**112年度全國醫師盃桌球錦標賽 報名表**

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|  **( )醫師公會 電話:( )** |
| 聯 絡 人 | 姓名: 電話: 手機: |
| 9/23(六)中午便當合 計 | **葷: ( )個 、 素: ( )個** |
| 9/24(日)中午便當合 計 | **葷: ( )個 、 素: ( )個** |
| 9/23(六)選手之夜合 計 | **葷: ( )個 、 素: ( )個****□含出席晚宴之理事長，姓名：**  |

**☞報名方式：敬請各公會於7月10日(星期一)前以E-mail:ptmed.assn@gmail.com**

 **或傳真08-7235430報名；送出報名表後請來電08-7223447屏東縣醫師公會確認。**

**☞注意事項：**

**※個人競賽組別代號如下: (請各公會審查相關年齡資格符合始提出報名)**

 (1)首長組 (2)理監事組 (3)長青理監事組 (4)女子組(5) 50歲女子組(6)青年組

 (7)40歲組 (8)50歲組 (9)60歲組 (10)70歲組 (11)75歲組 (12)會員雙打組

 (13)90歲會員雙打組 (14)110歲會員雙打組 (15)130歲會員雙打組

 (16)140歲會員雙打組(17)夫妻雙打組 (18)50歲夫妻雙打組

**※團體競賽組別代號：**(A)會員團體組(Ｂ) 壯年會員團體組(Ｃ) 長青會員團體組

 (D)首長理監事會員團體組(E) 女子團體組

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| **◎ 請 詳 填 參 賽 組 別 代 號 ， 每 人 限 報 三 組 (包 括 團 體 組)** |

**◎全體選手名單：**

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| 名 稱 | 姓 名 | 性別 | 出生年月日 | 年齡 | 參 賽 組 別(請填代號) |
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◎雙打賽名單-組別代號(12):會員雙打組

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|  | 姓名 |  | 姓名 |  | 姓名 |
| １ |  | ２ |  | ３ |  |
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◎雙打賽名單-組別代號(13):90歲會員雙打組

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|  | 姓名 | 性別 | 出生日期 | 年齡 | 2人年齡合計 |
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| 2 |  |  |  |  |  |
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◎雙打賽名單-組別代號(14):110歲會員雙打組

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|  | 姓名 | 性別 | 出生日期 | 年齡 | 2人年齡合計 |
| 1 |  |  |  |  |  |
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| 2 |  |  |  |  |  |
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◎雙打賽名單-組別代號(15):130歲會員雙打組

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|  | 姓名 | 性別 | 出生日期 | 年齡 | 2人年齡合計 |
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| 2 |  |  |  |  |  |
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◎雙打賽名單-組別代號(16):140歲會員雙打組

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|  | 姓名 | 性別 | 出生日期 | 年齡 | 2人年齡合計 |
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◎雙打賽名單-組別代號(17):夫妻會員雙打組

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◎雙打賽名單-組別代號(18):50歲夫妻會員雙打組

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|  | 姓名 | 性別 | 出生日期 | 年齡 |
| 1 |  |  |  |  |
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**～感謝報名參加！屏東縣醫師公會全體　歡迎蒞臨指導～**