附：《2017瑞金国际红色半程马拉松医疗跑者报名表》

**2017瑞金国际红色半程马拉松医疗跑者报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** |  | | **年龄** |  |
| **现居地** |  | | **手机号** |  | | **邮箱** |  |
| **微信号** |  | | **身高** |  | | **体重** |  |
| **衣服尺码** |  | | **裤子尺码** |  | | **有效证件号码** |  |
| **马拉松医疗跑者经验简述** | | | | | | | |
| **时间** | | **赛事名称** | | | **工作内容简述** | | |
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