附件2

休养活动报名表

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 单位 | 姓名 | 性别 | 手机号 | 乘车方式 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

注：乘车方式请填自驾或集体乘车