校园小记者报名回执

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| 学校 |  | | | | | |
| 地址 |  | | | | | |
| 校长 |  | | | 小记者负责人 | |  |
| 电话 |  | | |  | |  |
| 小记者名单 | | | | | | |
| 姓名 | 班级 | 性别 | 电话 | | 邮箱 | |
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| 学校意见（是否同意）  （盖章）  年 月 日 | | | | | | |