附件2

**“学创杯”2019年校内选拔赛报名表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **参赛团队名称** |  | | | | | |
| **所在学院** |  | | | | | |
| **团队成员** | **姓名** | **性别** | **年龄** | **年级、专业** | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
| **团队联系方式** | **负责人** |  | | **手机** |  | |
| **电子邮箱** |  | | | | |
| **指导老师** | **姓名** | **联系手机** | | **学院（系）** | | **电子邮箱** |
|  |  | |  | |  |
|  |  | |  | |  |
| **该团队经本单位确认，报名参加本次专项赛。** | | | | | | |
|  | | | | | | |
| **所在学院盖章：** | | | | | | |
| **年 月 日** | | | | | | |
|  | | | | | | |