附件2

第二届郑开马拉松少儿绘画比赛报名表

市（县）教育行政部门：（盖章）

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| **序号** | **作者姓名** | **组别** | **联系电话** | **作品名称** | **学校名称** | **指导老师姓名** |
| 1 |  |  |  |  |  |  |
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填表人： 联系电话： 电子邮箱：