**实践团队信息登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | |  | | | 出生  年月 |  | | 一 寸  照 片 |
| 籍贯 |  | | 民族 | |  | | | 所在  校区 |  | |
| 院系班级 |  | | | | 学号 | | |  | | | 电子邮箱 |
| 联系电话 |  | | | | QQ号 | | |  | | |  |
| 团队名称 |  | | | | | | | | | | |
| 项目名称 |  | | | | | | | | | | |
| 实践地点 |  | | | | | | | | | | |
| 成员信息 | 姓名 | 性别 | | 院系班级 | | 学号 | 联系方式 | | | 身份证号 | |
|  |  | |  | |  |  | | |  | |
|  |  | |  | |  |  | | |  | |
|  |  | |  | |  |  | | |  | |
|  |  | |  | |  |  | | |  | |
|  |  | |  | |  |  | | |  | |
|  |  | |  | |  |  | | |  | |
|  |  | |  | |  |  | | |  | |
|  |  | |  | |  |  | | |  | |
| 院团委  意见 | 负责人签字（盖章）：  签字日期： 年 月 日 | | | | | | | | | | |