**北大医学办学113周年怀密医学中心大步走活动报名表**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | 单位 | 姓名 | 手机号码 | 备注(是否需要清真餐) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |