附件1

**定海区健康体重管理活动（首届减重大赛）报名表**

**团队名称：**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名**  **（必填）** | **手机**  **号码**  **（必填）** | **性别**  **（必填）** | **出生日期**  **（必填）** | **身高（cm）**  **必填** | **体重（kg）**  **必填** | **BMI（kg/m2）** | **腰围（cm）必填** | **所属单位**  **（必填）** | **是否**  **队长** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |

注：请于2024年9月16日前将该报名表发送至邮箱（1553649116@qq.com），联系人：李本和，联系电话：0580-8123256