XX大学爱心助残志愿者服务队队员名单

**填报单位（公章）： 填报日期：2023年5月 日**

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| **序号** | **姓名** | **性别** | **所在高校院系和专业班级** | **联系号码** | **备注** |
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|  |  |  |  |  | 副队长 |
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|  |  |  |  |  | 联络员 |
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