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| **2024年浙江省职业院校技能大赛高职组“康复治疗技术”赛项参赛选手汇总表** | | | | | | | | | |
| **学校：** | | | | | | **领队： 联系电话：** | | |  |
| 团队序号 | 报名序号 | 姓名 | 身份证号 | 专业 | 年级 | 联系电话 | 指导教师 （限1人） | 指导教师 联系电话 | 团队指导教师（须本团队选手指导教师，限2人） |
| 1 | 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 2 | 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 3 | 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |