**受講申込書（ＦＡＸ送付書）**

宛　先　　香川県立高松東高等学校内　　大坂浩資　宛て

〒７６１－０３２２　高松市前田東町６９０－１

ＦＡＸ番号　　（０８７）８４７－６２２３

差出人 種別 責任者氏名

**締め切り　平成２６年　６月１８日** **必着**

**財団法人日本体育協会公認指導員養成講習会専門科目バレーボール競技参加者名簿**

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| **氏　名** |  | | **性別** |  | **年齢** | |  | | **生年月日** |  |
| **自宅**  **住所** | **〒（ ）** **ＴＥＬ**  **携帯電話** | | | | | | | | | |
| **勤務先** | **ＴＥＬ** | | | | | | | | | |
| **現在持っている資格** | |  | | | | **資格番号** | |  | | |

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