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| **学　校　名** | **中学校 様** |

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| **番** | **生　徒　氏　名** | **性別** | 保護者氏名※参加される場合のみ記入 | 統導者氏名 | 体験入部※希望者はクラブ名を記入して下さい |
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参加申込FAX送信先　　０１９－６４６－１８６７