附件

申 报 表

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| 作品名称 | |  | | | | | | | | | | |
| 学校全称 | |  | | | | | | | | | | |
| 联系人 | |  | | | | | | 联系方式 | | |  | |
| 主演情况 | | 姓名 | | 性别 | 年级 | | 姓名 | | 性别 | | | 年级 |
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| 指导老师情况 | | 姓名 | | 职务、职称 | | 专业 | | | | 联系方式 | | |
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| 剧情简介（200字） | |  | | | | | | | | | | |
| 视  频  审  核  申  报 | 所在学校意见 | | 学校（盖章）  年 月 日 | | | | | | | | | |
| 县级市、区教育部门意见 | | 单位（盖章）  年 月 日 | | | | | | | | | |

县级部门联系人： 联系电话：