令和 年度 少年少女陸上競技指導者表彰（安藤百福記念章） 候補者推薦書

（一財）石川陸上競技協会 会長 様

加入団体名

代表者 役職 氏名 印

下記の通り、受章候補者として推薦します。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ふりがな |  | 生年月日 | １９ 年 月 日生 | | | | 氏 名 |  | | 性 別 | 男 女 | 年齢 |  | | 職 業 |  | | | | | | 現 住 所 | 〒 －          電話 ＦＡＸ 携帯電話 | | | | | | 勤務先    （ 勤務先 電話 ＦＡＸ ） | | | | | | 候 補 者    略 歴    及び    推薦理由 |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  |

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| 候補者なし |  |

候補者なしの場合 　　　　　　　に〇印をつけて下さい

　　　 加入団体名

　　　　　　　　　　　　　　　　　　　 記載者 役職 氏名 　　印

記載者連絡先（電話・携帯）