附件4

（学校名称）实践团队相关信息汇总表

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **团队名** | **团队方向** | **路线选择** | **路线是否****服从调剂** | **团队人数** | **团队****负责人** | **职务** | **联系电话** | **拟到达****时间** | **交通方式** | **活动开展****时长** |
| 例 | \*\*\*学院（系）红色边疆志愿团 | 理论普及宣讲团 | 长春1 | 是 | \*人 | \*\*\* | 团委老师 | \*\*\*\* | 7.17 | 火车（车次，如定） | 5天 |
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注：此表格以学校为单位填写。