**2025江苏新秀少年儿童魔术交流展演（终评）参演回执**

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| **学校名称** |  | | | **年级** |  | | |
| **参演节目** |  | | | **节目时长** |  | **演职人员总数** |  |
| **主 演** |  | | | | **助 演** |  | |
| **灯光、装台要求** |  | | | | | | |
| **序号** | **姓名** | **性别** | **司职** | **联系电话** | **备注** | | |
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回执请于8月6日前发送至邮箱27113354@qq.com