【スポーツ教室】

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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | 年 |  | 月 |  | 日 |   公益財団法人浜松市スポーツ協会  会長　　大坪　豊生　様   |  |  | | --- | --- | | 住所 |  | | 団体名 |  | | 代表者名 |  |   助成事業完了報告書  下記のとおり事業が完了したので報告します。  記   |  |  | | --- | --- | | 報告者名 |  |   事業内容   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 教室名 |  | | | | | | | | | | | | 期日  （　　　　年度） |  | 月 |  | 日～ |  | 月 |  | 日 | 全 |  | 回 | | 会場 |  | | | | | | | | | | |   人数報告   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 受講者数 | | | | | | | |  | 指導者数 | | | 受講者合計 | | 受講者内訳 | | | | | |  | 人 | |  | 人 | 新規 |  | 人 | 継続  再入 |  | 人 |   ※ 新規 今回初めて参加した受講者数  継続・再入 前回またはそれ以前に、同じ教室に参加経験のある受講者数  事業の成果・感想　**※必ず記入してください**   |  | | --- | |  |   **※教室募集のチラシ等作成している場合は、添付すること**  **※写真があればメール等で送付してください** |