**参赛战队缴费信息表**

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| --- | --- | --- | --- | --- |
| **高校名字** |  | | **高校税号** |  |
| **战队名称** |  | | **缴费金额** |  |
| **联系人姓名** |  | | **联系人电话** |  |
| **发票抬头** |  | | | |
| **发票类型** | 电子发票 | **电子发票接收邮箱** | |  |
| 纸质发票 | **纸质发票邮寄地址** | |  |