**“纵目杯”智能驾驶项目开发大赛报名表**

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| **队伍名称** |  | | | | |
| **所在学校** |  | | | | |
| **赛题选择** |  | | | | |
| **组长姓名** |  | | **院系年级** |  | |
| **联系方式** |  | | **联系邮箱** |  | |
| **团队成员** | **姓名** | **学校** | **年级** | **专业** | **联系方式** |
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| **团队分工** |  | | | | |
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| **希望得到的帮助 （可选）** |  | | | | |
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