流山市公共施設予約システム利用者登録申請書（団体用）

申請日　　令和　　年　　月　　日

　＊太枠の中のみご記入ください。生年月日・区分・利用施設は、数字を丸印で囲んでください。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 暗証番号 | |  |  |  |  | ←００００は登録できません。 | | | | | | | | | | |
|  | フリガナ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 団体名 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 区分 | １　市内在住　　２　市内在勤　　３　市内在学 | | | | | | | | | | | | | | |
|  | 郵便番号 |  |  |  | ― |  |  |  |  |  |  |  |  |  |  |  |
|  | 所在地 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 申請者 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 電話番号 |  |  |  |  | ― |  |  |  |  | ― |  |  |  |  |  |
|  | 携帯電話の場合 |  |  |  | ― |  |  |  |  | ― |  |  |  |  |  |  |
|  | フリガナ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 代表者氏名 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 連 絡 者 | フリガナ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 代表者氏名 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 郵便番号 |  |  |  | ― |  |  |  |  |  |  |  |  |  |  |  |
| 住　所 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 電話番号 |  |  |  |  | ― |  |  |  |  | ― |  |  |  |  |  |
| 携帯電話の場合 |  |  |  | ― |  |  |  |  | ― |  |  |  |  |  |  |
| 利用施設 | | 南流山児童センター | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 登　録　番　号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 登　録　日 | 令和 | |  |  | 年 |  |  | 月 |  |  | 日 |  |  |  |  |
| 確　認　書　類 | １　免許証　　２　社員証　　３　学生証　　４　パスポート　　５　保険証  ６　在職証明　　７　マイナンバーカード　　８　その他（　　　　　　　　　） | | | | | | | | | | | | | | |
|  |  |  |  | 受　付 | |  | | | | | 担当： | | | | |