**チラシ原稿**

**提出：令和6年3月16日（土）午後5時まで**

※受入シートの内容に合わせて、チラシ原稿の作成をお願いします。

施設・団体名

担当者氏名

担当者連絡先

|  |  |  |  |  |  |  |  |  |  |  |
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| 対象者 |  | | | | | | | | | |
| **１日あたり**の  受入人数 |  | | | | | | | | | |
| 体験実施日 |  | | | | | | | | | |
| 体験実施時間 |  | | | | | | | | | |
| 体験内容  （８０字以内） |  |  |  |  |  |  |  |  |  |  |
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