	JO U	RNEY DANCESPO	ORT ~	STUDIO PAR	FICIPAN	Γ ROSTER 20:	23	8 8	
	TOTAL #of ALL ATHLETES & DANCING COACHES								
	STUDIO NAME:	STUDIO NAME: CELL: EN ADDRESS: CITY: ST				: DATE:			
	AAU Clubs may submit a Club Roster (instead of this form) ION MEMBER REGISTRATION FEE =\$45 INCLUDES AAU MEMBERSHIP. Journey will obtain								
	nembership for your athletes. If you would like these members to go into your club for practice MEMBERSHIP STATUS								
		ease be as accurate as possible. dd/mm/yyyy					* Mark here if Membership needed		
	FIRST NAME	LAST NAME	AGE	BIRTHDATE	ZIPCODE	AAU #	> >	→ Signed	
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JOURNEY DANCESPORT ~ STUDIO ROSTER CONTINUED **MEMBERSHIP STATUS** PAGE #_ STUDIO: dd/mm/yyyy BIRTHDATE **CURRENT** NonMember Consent **FIRST NAME** LAST NAME AGE **ZIPCODE** AAU# **≫** Signed 3

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