



**THE
AMERICAN JAZZ DANCE AFFILIATION
INTERNATIONAL**

EXAMINATION ENTRY FORM

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I wish to enter the following students for the 20____ Examinations.
(Please print names clearly in block letters)

**POST ALL ENTRIES TO:
American Jazz Dance Affiliation
PO Box 4263
WANGANUI**

CHRISTIAN NAME	SURNAME	EXAMINATION	PAID	
TOTAL PAID				

NAME AND ADDRESS OF TEACHER:

