

## TEAM JUMP ROSTER

TEAM: \_\_\_\_\_ REGION: \_\_\_\_\_

TEAM CONTACT: \_\_\_\_\_ E-MAIL \_\_\_\_\_

	NAME	TEAM AFFILIATION Attach copies of USA-WSWS membership cards, or USA-WSWS membership rosters with all participants highlighted.	(S)kier (D)river (R)ider (O)ther
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\*Please use second sheet if necessary