

International Jugglers' Association

Youth Jugglership Application

Sponsor Information

Name: _____ Phone Number: _____

Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Email Address: _____

IJA Member Since: _____ (must be an IJA member in good standing)

Relationship to Nominee: _____

Nominee Information

Name: _____ Phone Number: _____

Address: _____ City: _____ State/

Province: _____ Country: _____

Email Address of Nominee: _____ Parent's name: _____

Phone Number: _____ Address: (if different from above) _____

Email Address of Parent: _____

IJA Member Since: _____ or Not Yet A Member: _____