Your Name(s)_____

Association_____

California Square Dance Council, Inc.
Friendship Badge

State Convention:	
Date:	
Signature:	
Festival:	
Date:	
Signature:	
Festival:	
Date:	
Signature:	
Festival:	
Date:	
Signature:	
Festival:	
Date:	
Signature:	
Festival:	
Date:	
Signature:	
Festival:	
Date:	
Signature:	
Return to: Your Affiliate President	
Or to: Public Relations Director	
John Ryan	
1601 Ramona Ave	
Grover Beach, CA 934336	