



California Council of Square Dancers, Inc.

Request for Silver Dancer Certificate

Silver Dancer:

Name: _____

Age: _____ Birth Date: _____

Year started dancing: _____ Years been dancing: _____

Location started dancing (city/state/country): _____

Original Club Name: _____

Current Club Name: _____

Association: _____

Person Requesting Certificate:

Name: _____

E-Mail: _____

Phone: _____

Address: _____

City: _____ Zip: _____

Please print this form out and when completed send it to your Affiliate President or to our committee member in charge of the Silver Dancer Program:

John Ryan
7292 Blowing Breeze Avenue
Las Vegas, NV 89179

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805-218-3057