



California Council of Square Dancers, Inc.

## Request for Golden Dancer Certificate

### Golden Dancer:

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Club Affiliation: \_\_\_\_\_

Association: \_\_\_\_\_

Years been dancing? \_\_\_\_\_

### 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 Golden Dancer Program:*

*John Ryan  
7292 Blowing Breeze Avenue  
Las Vegas, NV 89179*

*jryanvta@yahoo.com  
805-218-3057*