



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
1518 Ash Street
Arroyo Grande, CA 93420*

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