



REQUEST FOR GOLDEN DANCER CERTIFICATE

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Name of Golden Dancer: _____

Age: _____ Birth date: _____

Club Affiliation: _____

Association: **Associated Square Dancers of Superior California**

Years has been dancing? _____

Person Requesting Certificate: _____

Person Requesting Certificate Phone: _____

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Please **print** the form out and when completed send it to **A.S.D.S.C. Historian**

**Mailing address is: ASDSC Historian
P. O. Box 13455
Sacramento, CA 95813**

or by email to [**historian@asdsc.org**](mailto:historian@asdsc.org)