



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 the ASDSC Promotions Chair.

**US Mail: ASDSC Promotions, P.O. Box 8942, Citrus Heights, CA 95621
Email: promotions@asdsc.org**