



REQUEST FOR GOLDEN DANCER CERTIFICATE

Name of Golden Dancer:

_____ Age: _____

Birth date: _____

Club Affiliation: _____ Association: _____

How many Years has dancer been dancing? _____

Person-Requesting-Certificate:

_____ Phone: _____

Address/City/Zip: _____

Please print the form out and when completed send it to NCSDA President, Karen and Harry Davis, P O Box 23972, Pleasant Hill CA 94523.

Questions or notifications – email to president@ncsda.com