

CERTIFICATE OF RECOGNITION - DATA FORM

Please return this form when completed to –
The Secretary, Lorraine Keenan
P.O. BOX 462, KINGAROY QLD. 4610 or via email to squaredanceqld.secretary@gmail.com;

NAME:

ADDRESS:

TELEPHONE:**MOBILE:**

EMAIL:

YEAR YOU COMMENCED DANCING:

NUMBERS OF YEARS DANCING:

CLUBS ATTENDED DURING THAT TIME (Club Names and Dates):

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SPECIAL CONSIDERATIONS:

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SIGNATURE OF DANCER:**DATE:**

VERIFIED BY CLUB CALLER/ REPRESENTATIVE:**DATE:**