

ILLINOIS FEDERATION OF SQUARE AND ROUND DANCE CLUBS (IFSRDC)

NOMINATION FORM FOR IFSRDC "CIRCLE OF EXCELLENCE"

Nominee(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Year Began Dancing: _____

Club Membership (if applicable): _____

Club Offices Held including Month/Year: _____

Federation Offices Held including Month/Year: _____

SCISDA Offices Held including Month/Year (if applicable): _____

Attach a detailed explanation of what this person has done to support and promote Square Dancing, including dates and positions held as appropriate. It can be written as a story or resume.

Submitted by:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Return by April 1 of each year to IFSRDC Secretary.

Therese Colclasure
2627 Towanda Ave.
Normal, IL 61761