

American Country Dance Association

Application for License to Judge

Contact Information			
Name:			
Last	First		
Address:			
Street	City	State	Zip
Telephone: ()		()	
Home	Cell		
Email:			
List and Describe any Dance Related Credentials, Certifications or Judging Experience Have you ever applied with or are you currently certified with any other circuit? If yes, please list details.			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
List and Describe any Dance Related Training or Accomplishments not listed above			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
Sign and date below			
<hr/>			
Applicant	Date		
Please forward completed application to SherrylnAustin@gmail.com or fax to 512 287-4392 Thank you for your interest in the ACDA Judge Licensing Program			