



RECERTIFICATION APPLICATION FORM

I have read all the requirements and wish to submit my request for Recertification in the American Style according to the **DVIDA® syllabi**.

Please print clearly and e-mail to : info@canadiandancesportfederation.ca

Date(s) of present certification (s)

Certifying Organization (s) (certificates must be attached)

Style(s) and Level(s) of Dance _____

Applicant's name (please print clearly) _____

Address _____

Postal code: _____ Tel : _____ Date: _____

E-mail _____

Signature of Applicant _____