



National Governing Body of DanceSport, Member Organization of the US Olympic Committee,  
and the World DanceSport Federation

## NATIONAL CANDIDATE CONFIRMATION FORM

This confirms my willingness to be a candidate for the USA Dance position of:

Term of office is \_\_ years – from January 1, 20\_\_ through December 31, 20\_\_.

\_\_\_\_\_  
(Print your name here)

\_\_\_\_\_  
(Sign your name here)

### ADDRESS AND CONTACT INFORMATION BELOW

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

USA Dance membership #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

I understand that the Nominations and Elections Committee will review my credentials to determine my eligibility and qualifications.

Please return this completed form (originals only – applicant retains a copy) to:

*Name*  
National Elections Director  
*Address*  
*City, State Zip*