



SCRUTINEER EXAMINATION
APPLICATION FORM

NAME OF CANDIDATE _____

ADDRESS OF CANDIDATE _____

TEL. NO. _____ EMAIL _____

Who Has Prepared You For The Exam _____

Requested Exam Date (Month and Day) _____

Application Form and Exam Fees must be received by:

CDF Admin Secretary, Jenny Sochnacki

Send to: cdf.jenny@gmail.com

THREE WEEKS BEFORE requested exam date

FEE: \$175.00

Please make cheque payable to: Canadian Dancesport Federation

* It is the **applicant's responsibility** to pay for the Invigilator's travel expenses

* **No credit or reimbursement of fee for incomplete or failed examination**

CANDIDATE'S SIGNATURE _____ DATE _____

EXAMINATION DATE _____ EXAMINER _____ (office use)

Effective Date: September 1, 2017