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PROFESSIONAL EXAMINATION APPLICATION FORM

STYLE OF EXAM - STANDARD / LATIN / RHYTHM / SMOOTH (Circle One)

EXAM LEVEL - STUDENT TEACHER / ASSOCIATE / LICENTIATE / FELLOW

Membership fee must be paid prior to applying for an examination

- CDF reserves the right to decline an examination request if pre-requisites are not met
- It is the **applicant's responsibility** to pay Examiner's travel and meal expenses

Province:			Postal Code:		
Геl #:	:Email:				
Who has prepare	ed you or is presenting	you for this e	xam:		
Requested Exam Date (Month and Day):					
Applica	tion Form and E	xam Fee	s must be rece	ived by:	
Applica		Sec: Jeannie			
2	21 Plank Road, Holl	and Landin	g, Ontario L9N 1B	4	
	REE WEEKS BEF	ORE red	quested exam (date	
<u> </u>		v in the arrar		and processing	
	will only cause a dela		11+0		
Failure to do so		he exam rest		\$175.00	
Failure to do so	of the	he exam resu \$125.00	ASSOCIATE		
Failure to do so	of the TUDENT TEACHER LICENTIATE	he exam resu \$125.00	ASSOCIATE FELLOWSHIP		

EXAMINER: ____

(Office only)

EXAMINATION DATE

(Office only)