



PROFESSIONAL EXAMINATION APPLICATION FORM

STYLE OF EXAM - **Argentine Tango**

LEVEL OF EXAM - _____

NAME OF CANDIDATE: _____

ADDRESS OF CANDIDATE: _____

TEL. NUMBER: _____

EMAIL: _____

FEES: \$150.00

*Please make cheque payable to: Canadian Dancesport Federation
Send Application to:*

21 PLANK ROAD, HOLLAND LANDING, ONTARIO. L9N 1B4

Examiner Fee and Expenses: Please pay directly to the Examiner.

CANDIDATE'S SIGNATURE: _____

DATE: _____

Examination Date: _____