

PRESIDENT
Ann Romeril



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Canadian Dance Teachers Association

ONTARIO BRANCH
6033 Shawson Drive, Unit 38, Mississauga, Ontario L5T 1H8

FORM "A"

REQUISITION FOR BALLET STUDENT EXAMINATIONS

This form must be received by the office twelve (12) weeks prior to requested dates.
Please PRINT.

Studio Name: _____

Member Name: _____

Location of Examinations: _____

Telephone Number (H): _____ (S): _____
Email : _____

Approximate number of requested Student Examinations: _____ (individuals)

List the highest grade level to be examined: _____

Number of **hours** required: _____ Number of Student exam sessions: _____
**A day should not be longer than 8 hours and include a morning and afternoon
break plus a 1/2 hour lunch (minimum).**

Date(s) requested: _____ Alternative Date(s): _____

*Please note: Application forms and fees for student examinations must be paid to the Association not later than three (3) weeks prior to the requested dates of examinations or test at which time an examiner will be appointed. Member teacher **MUST** include a photocopy of their membership card for current year.*

Member Teacher's signature: _____ Date: _____

FOR OFFICE USE ONLY:

Examiner(s) confirmed _____ Date Confirmed: _____