

**PRESIDENT**  
Ann Romeril



**ADDRESS CORRESPONDENCE  
TO OFFICE ADMINISTRATOR**  
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## *Canadian Dance Teachers Association*

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

FORM "A"

### REQUISITION FOR TAP 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: \_\_\_\_\_