



THE CANADIAN DANCESPORT FEDERATION

PROFESSIONAL EXAMINATION

APPLICATION FORM

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

EXAM LEVEL - STUDENT TEACHER / ASSOCIATE / LICENTIATE / FELLOW

NAME OF CANDIDATE: _____

ADDRESS OF CANDIDATE: _____

Province: _____ Postal Code: _____

TEL. NO.: _____ EMAIL: _____

Who has prepared you or is presenting you for this exam: _____

Requested Exam Date (Month and Day): _____

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

Application Form and Exam Fees must be received by:

Examination Coordinator, Patricia Goh, Box 1005, TDC Postal Station,
77 King Street West, Toronto, Ontario M5K 1P2

THREE WEEKS BEFORE requested exam date.

Failure to do so will only cause a delay in the arrangement of the exam and processing of the exam results.

FEES:	STUDENT TEACHER	\$125.00*	ASSOCIATE	\$175.00*
	LICENTIATE	\$225.00*	FELLOWSHIP	\$275.00*

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

CANDIDATE'S SIGNATURE: _____ Date: _____

EXAMINATION DATE _____ EXAMINER: _____
(Office only) (Office only)