



CANADIAN DANCESPORT FEDERATION

SCRUTINEER EXAMINATION APPLICATION FORM

NAME OF CANDIDATE: _____

ADDRESS OF CANDIDATE: _____

Province: _____ Postal Code: _____

TEL. NO.: _____ EMAIL: _____

Who Has Prepared You For The Exam: _____

Requested Exam Date (Month and Day): _____

- CDF reserves the right to decline an examination request at its sole discretion..

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

FOUR 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: \$200

Note: Fees includes courier cost for certificate

Please make cheque payable to: Canadian Dancesport Federation

* It is the **applicant's responsibility** to pay for the Examiner's and Monitor's travel expenses

* **No credit or reimbursement of fee for no-show, incomplete or failed examination!**

* **Exam fee is non-transferrable and non-refundable!**

By signing below, I, the candidate, agree to the above terms and conditions of application.

CANDIDATE'S SIGNATURE: _____ Date: _____