

## Cecchetti Society of Canada 2009-10 Estimate Form

<b>Please fill in this section completely:</b>	
Examination Dates:	
CSC Member Name:	Studio where you work:
Work Phone:	Home Phone:
Fax:	Email:
Studio where exams will be held:	
City, Province:	
If above is not your own studio, have you informed the studio of your estimated numbers and levels?	
Would you like a workshop taught by the Examiner?	
If yes, please specify: <ul style="list-style-type: none"> <li>• levels desired</li> <li>• syllabus or non-syllabus</li> </ul>	
Who last examined your students?	

LEVEL	NUMBER OF CANDIDATES	NUMBER OF GROUPS	TIME PER GROUP	TOTAL TIME
<b>DANCER EXAMINATIONS</b>				
Primary			30 minutes	
Standard 1			30 minutes	
Standard 2			30 minutes	
Standard 3			30 minutes	
Standard 4			45 minutes	
Standard 5			45 minutes	
Standard 6			45 minutes	
Senior Certificate			60 minutes	
Grade 1			20 minutes	
Grade 2			30 minutes	
Grade 3			35 minutes	
Grade 4			35 minutes	
Grade 5			40 minutes	
Grade 6			45 minutes	
Intermediate A			75 minutes	
Advanced 1A			90 minutes	
Advanced 2A			90 minutes	
<i>(continued on second page, please see reverse for totals)</i>				

\* Please add 10 minutes for each group of 3 in Grades, 15 minutes for Senior Cert & Intermediate

# Cecchetti Society of Canada

## 2009-10 Estimate Form

LEVEL	NUMBER OF CANDIDATES	NUMBER OF GROUPS	TIME PER GROUP	TOTAL TIME
<b>TEACHER EXAMINATIONS</b>				
Grades 1-4				
Grades 5-6				
Intermediate B				
Advanced 1B				
Advanced 2B				
<b>QUALIFYING EXAMINATIONS</b>				
Associate Exam				
Associate Diploma Exam				
Licentiate Exam				
Fellowship Assessment				
Fellowship Exam				
Diploma Exam				
Associate Licentiate Assessment				
Associate Licentiate Exam				
<b>Total Examination Time Required:</b>				
<b>Total Workshop Time Required:</b>				

A non-refundable \$150.00 deposit is required for each Qualifying and Diploma examination. Please enclose a cheque at this time if you are requesting one of these examinations.

Cheque No:	Amount:	For:
------------	---------	------

Signature: \_\_\_\_\_

Please email, mail, or fax this form to:

**Cecchetti Society of Canada, Head Office**  
**148 Edgewood Drive NW, Calgary AB, T3A 2T5**

**Email:** [cecchettioffice@shaw.ca](mailto:cecchettioffice@shaw.ca)

**Fax:** 403 764 5770