Cecchetti Society of Canada

2009 Application for Examinations

Date Submitted:_____

Teacher to who results will be mailed:	Examination location:
Name_____ Address_____ _____ City_____ Province_____Postal code_____ Telephone_____ Email_____	Studio_____ Address_____ _____ City_____ Province_____Postal code_____ Telephone_____ Email_____ Exam date(s)_____

The Cecchetti Society of Canada collects birth date information as a unique identifier of candidates. This information is strictly confidential.

Candidate Details

Please list ALL candidates, including those for Majors and Qualifying examinations who will also complete forms. The spelling provided here will be used for reports and certificates. Please print in upper and lower case. Incomplete applications may be returned.

First Name ie.): Meghan Marie	**Last Name** ie.): Toulouse-Lautrec	**Birthdate** DD/MM/YYYY	**Student / ISTD Number** – leave blank if unknown	**Exam Level** ie.) Adv 1B

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First Name ie.): Meghan Marie	**Last Name** ie.): Toulouse-Lautrec	**Birthdate** DD/MM/YYYY	**Student / ISTD Number** – leave blank if unknown	**Exam Level** ie.) Adv 1B