



Studio Name \_\_\_\_\_

Director \_\_\_\_\_

Studio Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Studio Phone \_\_\_\_\_ Studio Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_

The above-named member of the Canadian Dance Teachers Association would like to book an amateur exam session for the following dates:

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

Please list discipline that you will be having students examined in and approximate number of students:

**Ballet**

Enrichments \_\_\_\_\_

Junior Syllabus \_\_\_\_\_

Senior Syllabus \_\_\_\_\_

Major Syllabus \_\_\_\_\_

**Stage: Jazz**

Junior Syllabus \_\_\_\_\_

Senior Syllabus \_\_\_\_\_

Medals \_\_\_\_\_

**Stage: Tap**

Junior Syllabus \_\_\_\_\_

Senior Syllabus \_\_\_\_\_

Medals \_\_\_\_\_

The above-named member understands that the CDTA Alberta Branch will do its best to provide an examiner and process all paperwork and fees on time. The member understands that the requested dates may not be available. The member also understands that their exam session may be cancelled if payment and paperwork is not received 6 weeks prior to the exam date.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**All forms must be mailed to the Exam Registrar:**

Alberta CDTA  
#14 Dumas Cres  
Red Deer, AB  
T4R 2S1

Please enclose \$450 deposit payable to CDTA Alberta Branch with this form.

Exam Date

Deadline

Fall- Nov/Dec

September 26

Winter- Jan-Mar

November 21

Spring- April-June

February 20