FONDÉE EN 1949
CECCHETTI
CANADA

Form A004

2024 Examination Application
Candidate Details - DANCERS

Each CC Teacher entering candidates must identify their own students using one of these forms. **Please fill out this form completely.** Incomplete forms will be returned.

*Please identify with either a F (female) or M (male) for each candidate, whether they will be performing the female syllabi or the male syllabi in the column marked Exam Level. (He/she or She/he)

Please also identify on the **Exam Schedule,** with an M (male) beside name, if candidate is performing the syllabi for males.

Tour #: (Head Office) _____

Examination Dates: _____

Exam results will be mailed to:	Examination location:
Name of CC member _____	Studio _____
Address _____	Address _____
_____	_____
City _____	City _____
Province _____ Postal code _____	Province _____ Postal code _____
Telephone _____	Telephone _____
Email _____	Email _____

First Name i.e.) Meghan Marie	Last Name i.e.) Toulouse-Lautrec	Birthdate D/MM/YYY	Age	CC Number (Teachers only)	*Exam Level i.e.) Adv 1B, M or F

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First Name i.e.) Meghan Marie	Last Name i.e.) Toulouse-Lautrec	Birthdate D/MM/YYY	Age	CC Number (Teachers only)	*Exam Level i.e.) Adv 1B, M or F