

**Cecchetti Canada**  
**2019 Examination Application**

(Form A017)

**MAESTRO ENRICO CECCHETTI DIPLOMA**

Tour Number:	(Head Office)
Examination Dates:	

<b>CANDIDATE DETAILS</b>	
First name:	Last name:
CC Membership number:	
Personal mailing address:	
City, Province:	Postal code:
Phone:	Email:
Birthdate:	

<b>EXAMINATION DETAILS</b>
City, Province:
Preferred examination location and month:
Details to be arranged with the Canadian Examination Administrator

<b>EXAMINATION</b>
ENRICO CECCHETTI DIPLOMA
ENRICO CECCHETTI DIPLOMA (Part A only)
ENRICO CECCHETTI DIPLOMA (Part B only)

<b>TEACHER INFORMATION TO WHOM RESULTS WILL BE MAILED</b>	
Teacher's Name:	
Teacher's Mailing address:	
City, Province:	Postal code:
Phone:	Email:

<b>OTHER TEACHERS WHO HAVE COACHED YOU IN THE PAST 6 MONTHS.</b>

*(After completing this form, candidates should **not** receive instruction from any Examiner, other than those named above.)*

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**MAESTRO ENRICO CECCHETTI DIPLOMA**

**Procedures for submitting your Diploma examination application:**

A non-refundable deposit of \$150 for this examination along with application is required in order to reserve your examination.

**Deposits:**

<b>For examinations in:</b>	<b>Deadline for deposits and form A017:</b>
Spring/Summer (March – June)	<b>October 1</b>
Fall/Winter (November – February)	<b>May 1</b>
Summer School (end of July – August)	<b>January 1</b>

Please mail your deposit with this application form (A017) to:

**Susan Sheffield**  
**Cecchetti Canada**  
**Canadian Examination Administrator**  
**525 Lorne Street, Gravenhurst, ON P1P 1N1**

There are no refunds or credits provided if examination is cancelled. No correspondence concerning the result of the examination may be entered into. The decision made by the Examiners is final.

Permission for Cecchetti Canada to collect personal e-mails to send information regarding upcoming summer schools, workshops etc.

**If you are a CC member, you may be entered by a teacher or by yourself. If you enter yourself please sign on both lines.**

**Non-members must be entered by a CC member.**

Signature of Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

Print Teacher's Name: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_