



# CANADIAN DANCE TEACHERS' ASSOCIATION

## ACROBATIC DANCE EXAM ENTRY FORM - PART A

### STUDENT ENTRY LIST

Please click on arrows for drop down menu; then click on selection.

Studio Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Exam Session: \_\_\_\_\_ Year: \_\_\_\_\_ Email: \_\_\_\_\_

(If choosing "Other", please submit Special Conditions of Exam form.)

Exam Location: \_\_\_\_\_

Teachers: 1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_

(Page    of    ) \*Please type using upper and lower case letters.    **Submit to:** CDTA National Exam Registrar: [exams@cdtanational.ca](mailto:exams@cdtanational.ca)

	First Name	Last Name	Birthdate D/M/Y	Grade/Medal	Teacher #			Result
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**For Office Use Only**

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

Examiner: \_\_\_\_\_