



CANADIAN DANCE TEACHERS' ASSOCIATION

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

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