

## CANADIAN DANCE TEACHERS' ASSOCIATION MODERN EXAM ENTRY FORM - PART A STUDENT ENTRY LIST

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

Studio Name: Pho					one Number:							
Exam Session:			Year:	Er	Email:							
	(If choosing "Other", ple Conditions of Exam form	ase sub n.)	mit Special	E	cam Location: _							
	Teachers:	1) _			_							
(Pag	ge of ) *Plea		using upper and lower case			onal Ex	am Regis	strar: ex	ams@cdtanational.ca			
	First Name		Last Name	Birthdate D/M/Y	Level	T #1	eacher #2		Result			
1				D/IVI/ I		#1	#2	#3				
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19 20												
20			]									

For Office Use Only
Exam Date:

Examiner:						