



BALLROOM & SPECIALTY DANCES DIVISION
BALLROOM EXAMINATION ENTRY FORM
AMATEUR TEACHER

Email questions, e-transfers, and scanned form to: exams@cdtanational.ca	OR , mail completed form with cheque (payable to CDTA National) to: Exam Registrar 15-700 Regency Drive Sherwood Park, AB, T8A 6N3
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Candidate First and Last Name

Birthdate Phone Email

Address Postal Code

Check the discipline(s) for which you are requesting examination.

International-Style: Ballroom/Standard Latin

Examination Entry Fee: \$125.00

Requested Exam Month: March July November Other (add \$100)

Entry Fee submitted by:

- e-transfer to exams@cdtanational.ca
- cheque payable to 'CDTA National' (enclosed)

Candidate's Signature: **Date:**

Name of endorsing Trainer/Mentor:

Name: **Email:**