

CANADIAN DANCE TEACHERS' ASSOCIATION
L'ASSOCIATION CANADIENNE DES PROFESSEURS DE DANSE



BALLROOM & SPECIALTY DANCES DIVISION
MEDAL TESTS ENTRY FORM

Email questions, e-transfers, scanned forms to: exams@cdtanational.ca	Mail completed forms, cheques (payable to CDTA National): Exam Registrar 15-700 Regency Drive Sherwood Park, AB, T8A 6N3
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Submit form and include the required examination fee.

Amount payable: \$_____ (Email Exam Registrar to confirm amount)

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

Teacher's Name: _____ Membership # _____

Teacher's Name: _____ Membership # _____

Teacher's Name: _____ Membership # _____

Studio Name/Address: _____

Mailing Address: _____

Telephone: _____ Email: _____

(Must be a member in good standing to enter students in examinations)**

Preferred exam date: _____ 2nd choice: _____ 3rd choice: _____

To ensure examination dates, you must send this form back with preferred dates, and two sets of alternative dates. We will try our best to accommodate your requests.

Teacher's Signature: _____ Date: _____



**BALLROOM & SPECIALTY DANCES DIVISION
 STUDENT MEDAL TEST ENTRY FORM**

FEE SCHEDULE (*Online form in progress)

Medal	Number of Tests	Fee per entry	Total
Bronze – 2 dances		\$55	
Bronze – One-Dance		\$30	
Silver – 3 dances		\$65	
Silver – One-Dance		\$30	
Gold – 4 dances		\$75	
Gold – One-Dance		\$30	
Gold Star – 4 dances		\$85	
Gold Star – One-Dance		\$50	
Floor fees, administration, or incidental costs (if applicable)			\$
		Total	\$



BALLROOM & SPECIALTY DANCES DIVISION
STUDENT MEDAL ENTRY FORM

CANDIDATE LIST

	Test Level (i.e. Bronze)	International-Style <ul style="list-style-type: none">• Ballroom/Standard• Latin	Candidate Name (Print as it should appear on the certificate)
1.			
2.			
3.			
4.			
5.			
6.			
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9.			
10.			
11.			
12.			
13.			
14.			