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



## BALLROOM & SPECIALTY DANCES DIVISION CDTA ADJUDICATOR EXAMINATION ENTRY FORM

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

| Candidate First and Last Name                                    |                   |
|--|-------------------|
| Birthdate Phone  | Email             |
| Address  | Postal Code       |
| Discipline   |                   |
| Ballroom/Standard Latin  |                   |
| Examination level:  A+ B+ A- B-                                  |                   |
| Requested Exam Month:  | Other (add \$100) |
| Entry Fee for each Discipline: \$100                             |                   |
| Entry Fee submitted by:  |                   |
| O e-transfer to exams@cdtanational.ca                            |                   |
| <ul> <li>cheque payable to 'CDTA National' (enclosed)</li> </ul> |                   |
|  |                   |
|  |                   |
| Candidate's Signature:   | Date:             |