



REQUEST FOR STUDENT EXAMINATIONS BALLET * TAP * JAZZ * MODERN * ACRO

1. Teachers Name _____ Membership # _____

2. Teachers Name _____ Membership # _____

3. Teachers Name _____ Membership # _____

Studio's Name _____

Studio's Address _____ Postal Code _____

Preferred Mailing Address _____ Postal Code _____

Telephone: Home _____ Studio _____ Fax _____

Preferred examination dates: _____

First Alternate examination dates: _____

Second Alternate examination dates: _____

**** A REQUEST FORM MUST BE SUBMITTED FOR EACH EXAM SESSION REQUESTED ****

TYPES OF EXAMS BEING TAKEN

PLEASE CHECK

BALLET	JAZZ	TAP	MODERN	ACRO

The Examiners' schedule is very busy. In order 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 everyone's requests.

This application form is to be completed in full and sent back to the examination secretary by January 31st.

Please send to:

Shannon Vallee – Exam Secretary
724 Smithers St. Prince Rupert BC
V8J 3N7

Teacher's Signature: _____ **Date:** _____

OFFICE USE ONLY:

Date Received _____

Examiner: _____ **Exam Dates Confirmed** _____