

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



REQUEST FOR PROFESSIONAL EXAMINATION FORM

Ballroom Division

Please include required examination fee.

Name _____ Age (if under 21) _____

Address _____ Postal Code _____

Phone no. Bus. _____ Home _____ Cell _____ Email _____

Style of Dance: International Ballroom _____ International Latin _____

American Smooth _____ American Rhythm _____

Examination Level: Student Teacher (Affiliate) _____ Associate _____ Licentiate _____ Fellow _____

Professional Dance Test for Adjudicator License (A-B-) _____ A+B+ _____

Number of years teaching experience _____ Citizenship status _____

Certificates of present qualifications. (Please give dates)

Other related qualifications:

Names of Teacher you have trained with during last 18 month.

This Request must be signed by the trainer/s for this professional examination:

Signature of Applicant _____ Date _____

Please send completed form to:

Donn Picard
Examination Secretary Ballroom Div.
#402 – 1175 Heffley Cres.
Coquitlam BC
V3B 7J2