Cecchetti Society of Canada
2017 Examination Application
Candidate Details – DANCERS

Each CSC Teacher entering candidates must identify their own students using one of these forms. **Please fill out this form completely.** Incomplete forms will be returned.

Tour #: (Head Office) _____

Examination Dates: _____

Exam results will be mailed to:	**Examination location:**
Name of CSC member _____	Studio _____
Address _____	Address _____
_____	_____
City _____	City _____
Province _____ Postal code _____	Province _____ Postal code _____
Telephone _____	Telephone _____
Email _____	Email _____

First Name i.e.) Meghan Marie	Last Name i.e.): Toulouse-Lautrec	Birthdate D/MM/YYY	Age	CSC Number (Teachers only)	Exam Level i.e.): Adv 1B

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