

**Cecchetti Society of Canada  
2017 Examination Application**

**FAST-TRACKING ASSESSMENT**

Tour Number:	(Head Office)
Examination Dates:	

<b>CANDIDATE DETAILS</b>	
First name:	Last name:
Personal mailing address:	
City, Province:	Postal code:
Phone / Cell:	Email:
Birth date:	Age (must be 23 or older):

<b>PREREQUISITES</b>		
Advanced I	Date:	Examiner:
Related Subject, Part I	Date:	Examiner:
Related Subject, Part II	Date:	Examiner:

<b>TEACHER / COACH INFORMATION</b>	
<small>(Teacher who is entering you, and to whom you results will be mailed)</small>	
Teacher's name:	
Teacher's mailing address:	
City, Province:	Postal code:
Phone:	Email:
By whom were you coached during the last 6 months? <small>(After completing this form candidates should not receive instruction from any examiner other than those named above.)</small>	

<b>EXAMINATION DETAILS</b>	
Examination studio:	
City, province:	
Date of examination:	

Please list your experience as a professional dancer (company and dates) and any teaching experience

	NAME	DATE(S)
Professional company		
Professional company		
Professional company		
School of Employment		
School of Employment		

Please continue on next page

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(Form A014)

**FAST-TRACKING ASSESSMENT**

**Important information regarding your Fast –Tracking Assessment application:** Candidates who cancel their examination before the closing date (6 weeks before exam) are entitled to a 50% refund of their examination fee (less deposit) in the form of a credit note which may be used for a future examination session. Deposits are non-refundable. Partial refunds will only be granted to those cancellations accompanied by a medical certificate which has been approved by the Cecchetti Society of Canada. There will be no refund/credit if examination is cancelled after the closing date.

No correspondence concerning the result of the assessment may be entered into. The decision made by the Examiner is final.

**Deposits:**

<b>For examinations in:</b>	<b>Deadline for deposits and form A014:</b>
Spring/Summer (March-June)	October 1
Fall/Winter (November – February)	May 1

A non-refundable deposit of \$150.00 is required in order to reserve your assessment. Mail your deposit with this application form (A014) to:

**Susan Sheffield, Canadian Examination Administrator**  
**Cecchetti Society of Canada**  
525 Lorne Street, Gravenhurst, ON P1P 1N1  
Tel: 705-684-9991 Fax: 705-684-9991  
[office@cecchettisociety.ca](mailto:office@cecchettisociety.ca)

Please remember to make a copy of this application for the teacher who is entering you for this examination.

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Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

**Your teacher must sign this application to allow you to enter into this examination.**

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Membership #: \_\_\_\_\_