

Cecchetti Society of Canada Examination Application

FAST-TRACKING ASSESSMENT

Tour Number:	(Head Office)
Examination Dates:	

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

PREREQUISITES	
Advanced I Date:	Examiner:

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

EXAMINATION DETAILS	
Examination studio:	
City, province:	
Date of examination:	

Please list your experience as a professional dancer and any teaching experience

Intermediate			
Advanced 1			
Related Subjects, Part 1			

Please continue on next page

**Cecchetti Society of Canada
Examination Application**

(Form A014)

FAST-TRACKING ASSESSMENT

Important information regarding your Fast –Tracking Assessment application:

Candidates who cancel their examination after the closing date are entitled to a 50% refund of their examination fee 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.

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

Deposits:

For examinations in:	Deadline for deposits and form A014:
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
PO Box 540 Bala, ON P0C 1A0
Tel: 705-762-1991 Fax: 705-762-1991
office@cecchettisociety.ca

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

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 #: _____