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Karen Jardine, Licentiate, CSC-CICB  
Linda Klassen, Licentiate, CSC-CICB  
Mary Ross, Fellow and Examiner, CSC-CICB

### Examination Credit / Refund Application

Exam Session Dates: Tour #:	
Name of candidate:	
Exam Studio:	
Teacher Name:	
City, Province:	
Studio Phone Number:	

**Please provide the reason for the cancellation:**

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- Doctor's note attached
- Letter from teacher attached

Value of Credit / Refund:	
Credit applied to (name): or Refund Payable to (name):	
Mailing address (if applicable):	

The Cecchetti Society of Canada is a corporate member of the Cecchetti International Classical Ballet (CICB)

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