ROYAL ACADEMY OF DANCE

1200 Sheppard Ave. East, Suite #500
Toronto, Ontario M2K 2S5
Tel: 416-489-2813
Toll Free: 1-888-709-0895
Fax: 416-489-3222
graded@radcanada.org
www.radcanada.org

RESULT ENQUIRY SERVICE APPLICATION FORM

Name of teacher _____ Membership # _____

Name of school _____ City _____

Address _____

_____ Postal Code _____

E-mail _____ Telephone _____

1: Result Enquiry Clerical Check - $20.00 **2: Result Enquiry Report - $60.00**

Circle 1 or 2		Candidate name	Candidate ID	Level of exam	Date of exam	Examiner	Fee due
1	2						
1	2						
1	2						
1	2						
1	2						
1	2						

Payment Information

1) Please charge my credit card: _____ Visa ☐ MasterCard ☐ Amex ☐

My card number is: |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__|

Expiry date |__|__| |__|__| (mm/yy)

Cardholder's name _____ Signature _____ Date _____

OR enclose cheque payable to Royal Academy of Dance

For office use only:

Date Received	Fee Received	Clerical Check	To Examiner	To Centre