

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						

Payment Information

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