

ROYAL ACADEMY OF DANCE

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Vocational Graded Examinations and Solo Seal Entry Form

RECEIPT #

Part A - SCHOOL INFORMATION

Name of Principal: _____
 School Name: _____ School ID: _____
 School Address: _____
 Postal Code: _____
 Studio Phone: () _____ Studio Fax: () _____

Part B - EXAMINATION VENUE INFORMATION

Please state your preferred Exam Centre CENTRE ID

Part C - REGISTERED TEACHER DETAILS

Memb. No.	First Name	Last Name
Teacher 1		
Teacher 2		
Teacher 3		

Address for Correspondence (All correspondence will be sent to Teacher 1)

Postal Code

Phone: () _____ Fax: () _____
 Cell: _____ Email: _____

This form should be signed and dated by Teacher 1 as the person accepting responsibility for entering the candidates, for receiving all written communications and for payments due. This also constitutes an undertaking to abide by the Royal Academy of Dance's regulations pertaining to Vocational Graded Examinations and the Solo Seal Award.

Signature _____ Date _____

Incomplete, inaccurate or illegible forms will be returned and the entry will not be processed. Instructions on how to fill out this form are found on the reverse. All sections need to be completed. Rules and Conditions of Entry found in the publication *Examinations and Presentation Classes of the Royal Academy of Dance*. Please ensure this information is made available to your students and their parents.

Please complete 'Personal Details' on Form VEF1A for each candidate being entered.

Part D - CANDIDATE'S SUMMARY AND FEES

PLEASE USE BLOCK LETTERS

Office Use Only	Candidate's Full Name	Exam Level	Exam Entry Fee	Entered by Teacher				M / F
				1	2	3	4	
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TOTAL ENTRY FEES: \$								
Total number of candidates entered:								
								(total entry fees for this session) (from this school for this session)