



THE ROYAL SCOTTISH COUNTRY DANCE SOCIETY NEW ZEALAND BRANCH Inc.



APPLICATION FOR MEDAL TEST

Application to sit: _____ (Bronze, Silver, Gold, /Bar)

Applicant's Name: _____

Applicant's Address: _____

Email: _____ (for results)

Applicant's Age: _____ Applicant's phone number: () _____

Applicant's Class/Club: _____

Approval from Teacher:-

Teacher's Name and Signature: _____

Parent/Guardian to complete:-

I/we give permission for _____ to apply to sit the specified Medal Test.

Parent's/Guardian's Name and Signature: _____

Previous Passes:		
Medal Level	Year Passed	Location (e.g. Summer School)
Bronze		
Bronze Bar		
Silver		
Silver Bar		
Gold		

Location of Medal Test applied for: _____

Cost per Candidate: **\$7.50 Branch Fee plus local costs, see Organiser**

Please make cheques payable to: **RSCDS New Zealand Branch Incorporated**

Send Application and Payment to: **Nicole Trewavas RSCDS NZ Branch Inc.
85 Pacific Drive, Palmerston North 4410
Email: jam@dancescottish.org.nz**

Close off **To be advised, see Organiser**