The Spanish Dance Society

Registered Charity 327049

Examination Schedule

CENTRE..... EXAMINER: .....

TEACHER.....

PIANIST.....

GUITARIST.....

STUDIO ADDRESS.....

STUDIO TEL NO. ..... DATE .....

HOME TEL. NO: ..... MOBILE NO: ……..…….....

TIME EXAMINER COLLECTED FROM HOTEL/STATION.....

Time	Exam	Name	Age	Result	Candidate's Number

EXAMINERS SIGNATURE.....