



SOUTH AFRICAN DANCE TEACHERS' ASSOCIATION

Kwa-Zulu Natal Branch

Incorporated Association not for Gain Reg. No. 05/07170/08

Professional Exam Application Form

Name _____

ID No. _____ Date of Birth _____

Address _____ Studio Name _____

Postal Code _____

Contact Details.

Work No. _____ Cell No. _____

Email _____

(Please Print Clearly)

Please state your reason for choosing an SADTA exam, and also detail the area / areas where you will be teaching

Please Tick Level Required

Dance Style	Student	Associate	Licentiate	Fellowship
Line Dance				
Exam Fees	R1500.00	R2000.00	R3000.00	R4000.00

Preferred Date of Exam or Training Session _____

Training Fees are Calculated According To Individual Requirements.

Please Deposit Exam Fees to

SADTA Standard Bank, Windermere, Code - 042 726, Account No. 051 300 451

Mark Deposit Slip Reference as - L/D Exam + Surname

Please email your Application Form, as well as Proof of Payment to

HEAD@SADTALD.CO.ZA

I agree to abide by the rules and regulations of the South African Dance Teachers' Association.

Signature

Date