



CHRISTIAN CONSERVATORY OF MUSIC, CANADA

P.O. Box 20031, 2900 Warden Avenue, Toronto, Ontario M1W 4B6
www.ccmce examinations.org

APPLICATION FOR GRADE LEVEL EXAMINATIONS

(Please use a separate application form for each examination entry. Please photocopy for additional applications.)

CANDIDATE INFORMATION: (Check here if this is your first examination with us)

Print CLEARLY, in BLOCK LETTERS

NAME: _____

ADDRESS: (Apt./ Street) _____

City) _____ (Province) _____ (Postal Code) _____

TELEPHONE:(Daytime) _____ (Evening) _____

E-MAIL: _____

TEACHER INFORMATION:

NAME: _____

ADDRESS: (Apt./Street) _____

(City) _____ (Province) _____ (Postal Code) _____

TELEPHONE: (Daytime) _____ (Evening) _____ E-MAIL: _____

EXAMINATION INFORMATION (Check Columns 1 & 2 **OR** 1 & 3)

PAYMENT OF FEES (See “SCHEDULE OF EXAMINATION FEES” on separate sheet)

1) LEVEL	2) INSTRUMENT (Applied)	3) WRITTEN
<input type="checkbox"/> Primary 1	<input type="checkbox"/> Piano <input type="checkbox"/> Guitar	<input type="checkbox"/> Materials of Music
<input type="checkbox"/> Primary 2	<input type="checkbox"/> Voice <input type="checkbox"/> Bass Guitar	<input type="checkbox"/> Bible Basics/Survey of Christian Music
<input type="checkbox"/> Elementary	<input type="checkbox"/> Drums	
<input type="checkbox"/> Junior	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Intermediate		
<input type="checkbox"/> Advanced		
<input type="checkbox"/> Senior		

Examination Fee \$ _____

Late Fee (\$25.00): \$ _____

Less Credit (if applicable) \$ _____

TOTAL: \$ _____

Payment method: Cheque , payable to: **C.C.M.C. EXAMINATIONS**

Visa Mastercard

Credit Card No. _____

Expiry Date (mm/yy) ____ / ____

WINTER APPLICATION DEADLINE: NOVEMBER 1st
SPRING APPLICATION DEADLINE: APRIL 1st

SIGNATURE _____