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RESULT ENQUIRY SERVICE APPLICATION FORM - RAV

Name of teacher _____ Membership # _____
 Name of school _____ School ID # _____
 Address _____
 _____ Postal Code _____
 Email _____ Telephone _____

Result Enquiry Report - \$60.00

Candidate name	Candidate ID	Level of exam	Date of exam	Examiner (Surname and initial)	Fee due

Payment Information

Please charge my credit card: Visa MasterCard Amex
 Card number: |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_|
 Expiry date: |_|_| |_|_| (mm/yy)
 Cardholder's name _____ Signature _____ Date _____

OR enclose cheque payable to *Royal Academy of Dance*

For office use only:

Date Received	Fee Received	Clerical Check	To UK	To Centre