

### Final Application for Medal Tests

(To be returned with the **appropriate fees and List of Candidates forms** (MT-08) to: The Examinations Officer,  
The Royal Scottish Country Dance Society, 12 Coates Crescent, EDINBURGH, EH3 7AF, **no later than 4 weeks**  
before the date of the tests.)

*Please note that **no additions** may be made after this form has been submitted.*

**Test Centre:** ..... **Date & Time of Tests:** .....

**Full address of venue where tests will be held:** .....  
.....

**Telephone:**..... **Fax number:** .....

**Emergency contact number:** ..... **E-mail:** .....

**Organiser of Tests:**

**Name:** .....  
(please print)

**If member of RSCDS, state Branch:** .....

**If not, state name of group:** .....

**Address:** .....  
.....

**Telephone:**..... **Mobile number:** .....

**E-mail:** ..... **Fax number:** .....

**Person in charge on day of tests (if different from above):**

**Name:** .....  
(please print)

**Address:** .....  
.....

**Telephone:**..... **Mobile number:** .....

**E-Mail:** ..... **Fax number:** .....

Total number of candidates for Medal Tests: .....

I confirm that the total number of candidates listed overleaf will be presented for assessment and I enclose fees amounting to £ .....

Name of Organiser: .....  
(Please print)

Signature: ..... Date: .....

Test Level	Dances to be performed	Number of candidates	Fees Enclosed
Introductory			
Grade 1			
Grade 2			
Grade 3			
Grade 4			
Grade 5			
<b>TOTALS:</b>			