



**THE ROYAL SCOTTISH COUNTRY DANCE SOCIETY  
NEW ZEALAND BRANCH Inc.**



**APPLICATION FOR MEDAL TEST**

Application to sit: \_\_\_\_\_ (Bronze, Silver, Gold, /Bar)

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Age: \_\_\_\_\_ Applicant's phone number: (    ) \_\_\_\_\_

Applicant's Class/Club: \_\_\_\_\_

**Approval from Teacher:-**

Teacher's Name and Signature:

**Parent/Guardian to complete:-**

I/we give permission for \_\_\_\_\_ to apply to sit the specified Medal Test.

Parent's/Guardian's Name and Signature:

Previous Passes:		
Medal Level	Year Passed	Location (e.g. Summer School)
Bronze		
Bronze Bar		
Silver		
Silver Bar		
Gold		
Gold Bar		

Location of Medal Test applied for: \_\_\_\_\_

Cost per Candidate: **To be advised**

Please make cheques payable to: **RSCDS New Zealand Branch Incorporated**

Send Application and Payment to: **Youth Coordinator, RSCDS NZ Branch Inc.  
Matanuku Road, RD 1, TOKOROA 2392**

Close off **To be advised**