



RECORDING CERTIFICATION DECLARATION - R.C.C.O. WORSHIP ACCOMPANIST EXAMINATION
FORMULE D'INSCRIPTION - EXAMENS DU C.R.C.O.

Please print clearly/s.v.p. écrire lisiblement

Candidate Name _____ Candidate number _____

INVIGILATORS

1. Name _____

Address _____ Telephone _____

City _____ Province _____ Postal Code _____

Office held in RCCO _____

I certify that the recording submitted was made at one session and that it is the unassisted and unedited playing of the above candidate.

Signature: _____ Date: _____

2. Name _____

Address _____ Telephone _____

City _____ Province _____ Postal Code _____

Office held in RCCO _____

I certify that the recording submitted was made at one session and that it is the unassisted and unedited playing of the above candidate.

Signature : _____ Date: _____

MATERIALS RECORDED

1. HYMNS

(1) _____ Tune _____

(2) _____ Tune _____

(3) _____ Tune _____

2. SOLO ACCOMPANIMENT

Composer _____ Title _____

Solo Voice or Instrument _____

Soloist : Name _____

Address _____ Telephone _____

City _____ Province _____ Postal Code _____

All correspondence should be addressed to the RCCO National Office, 414 - 15 Case Goods Lane, Toronto, ON M5A 3C4
./Prière d'adresser toute correspondance au CRCO, Siège social, 414 - 15 Case Goods Lane Toronto, ON M5A 3C4