



RECORDING CERTIFICATION DECLARATION - R.C.C.O. SERVICE PLAYING EXAMINATION

Please print clearly

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 _____

2. ANTHEM ACCOMPANIMENT

Composer _____ Title _____

All correspondence should be addressed to the RCCO National Office, 414 - 15 Case Goods Lane, Toronto, ON M5A 3C4