



## INTENT TO TEST FORM

This form is being submitted with the understanding and the approval of my Mentor. I have met all the requirements defined by the Certified Clogging Instructor (CCI) program for testing eligibility and thus offer this notice of my intent to test for the designation of Certified Clogging Instructor at the National Clogging Convention or other testing venue in \_\_\_\_\_. Dates \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Mentor's Name: \_\_\_\_\_

Both Sessions Completed: Date: \_\_\_\_\_ Location: \_\_\_\_\_

Testing Fee is \$50 US and must be submitted with this form. After deadline \$65

Method of Payment: Check Money Order Credit Card

If using a credit card please complete the following:

Master Card Visa American Express Discover

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

\*\*\*\*Completed form should be mailed with payment made to C.L.O.G. prior to November 1<sup>st</sup> of year testing or preregistration date of other venues offering CCI testing to:

**The National Clogging Organization**  
**2986 Mill Park Ct.**  
**Dacula, GA 30019**