## 2023-2024 Chiku Awali Registration Form

1. Last Name:			First Name:		
2. AGE	BIRTHDAY	<b>′</b>	(MM/DD/YYY)	Y)	
3. Address:		c	ity:	State:	Zip Code:
4. Home Phone: _		Cell Phone:	Emai	il	
<b>EMERGENCY</b>	CONTACT NAMI	E AND TELEPH	HONE		
5. I WISH TO REGI	STER FOR THE FO	.LOWING: (PLE	ASE CHECK ALL THAT A	PPLY)	
	_	OLDS	☐ AFRICAN DANCE ☐ RITES OF PASSAG ☐ THE BROAD PROJ ☐ FAMILY ACTIVITIE	GE JECT (BALLET	, MODERN)
6. PLEASE SELECT			ENT MEMBERSHIP □\$2	20.00	
ADUL	T MEMBERSHIP 🗖	\$30.00	FAMILY M	1EMBERSHIP [	<b>□</b> \$50.00
Without Membership classes are \$15 Per Class for Adults and \$9 for Children, Teens Seniors, and College Students with ID. Payment is due at each class.  With membership classes are \$10 per class for Adults; \$7 for Children, Teens, and Seniors; and \$5 for College Students with ID. If you are income eligible bases on the table on the next page, classes are free after the payment of membership. Membership also entitles you to discounts for Chiku Awali tickets to events, workshops, outside trips etc. The first year membership entitles you to a Chiku Awali T-shirt (2 for family membership) while supplies last. Membership is paid annually in September.  7. Race Category:   White   Black/African American   Asian (Pick One)   American Indian/Alaskan Native   Native American Hawaiian/Other Pacific Islander   American Indian/Alaskan Native   Black/African American & White   Other Multi-Racial					
	☐ American Indi	an/Alaskan Na	tive & Black/African Ar	merican	
8. Hispanic Ethnic	city: 🗆 Yes	□ No			
9. Single Headed	Household: 🗆 Yes	s □ No – (If Yo	es: Male $\square$ Female $\square$ )	)	
10. Military Veter	ran: 🗆 Yes	□ No			
11. Over 62 years	s old: ☐ Yes	□ No			
<b>12.</b> Disability: □	Yes □ No Pers	on with specia	I needs: ☐ Yes ☐ No		

The reverse side of this form must be signed

Name	
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13. We offer free and reduced fee dance classes to Rockland County residents who are income eligible. Membership is required. Attach a copy of your 2022 income tax statement (Form 1040) or submit a form 4506-T to the IRS and submit the transcript of your income statement to Chiku Awali. Complete the table below to determine your eligibility. Step 1 - Circle the Number of Persons in your Household. Step 2 - Circle your Household Income Range (under the number you already circled in Step 1 above.)

## **NUMBER OF PERSONS IN YOUR HOUSEHOLD (2023 AMI)**

	1	2	3	4	5	6	7	8
2022 AMI	Person	Persons						
0% - 30%	\$0 -	\$0 -	\$0 –	\$0 –	\$0 –	\$0 –	\$0 –	\$0 -
	29,500	33,900	38,150	42,350	45,750	49,150	52,550	55,950
31% - 50%	\$29,501-	\$33,901-	\$38,151-	\$42,351-	\$45,751-	\$49,151-	\$52,551-	\$55,951-
	49,450	56,600	63,550	70,600	76,250	81,900	87,550	93,200
51% - 80%	\$49,451-	\$56,601-	\$63,551-	\$70,601-	\$76,251-	\$81,901-	\$87,551-	\$93,201-
	79,200	90,500	101,800	113,100	122,150	131,200	140,250	149,300
Over 80%	\$79,201	\$90,501	\$101,801	\$113,101	\$122,151	\$131,201	\$140,251	\$149,301
	+	+	+	+	+	+	+	+

I hereby certify that the information included on this form is correct to the best of my knowledge and that such information may be subject to verification by representatives of the County of Rockland and/or the United States Department of Housing and Urban Development for purposes of meeting the federal requirements of the Community Development Block Grant (CDBG) program, the Home Investment Partnerships Act (HOME) program, and/or the Emergency Solutions Grant (ESG) program.

l,	, understand and consent to the release of the information stated on this form
and supporting documents to the C	ounty of Rockland, HUD, or any other local or federal agencies for review in
the course of audit.	

Further, on behalf of my minor child or myself, I understand that Chiku Awali African Dance, Arts & Culture, Inc., will not assume responsibility should an accident occur as a result of dancing, drumming, playing any instrument, or transportation services proffered by Chiku Awali. I understand that participation in Chiku Awali activities involves physical activity, and consequently may result in injury. In such a case, I agree not to hold Chiku Awali African Dance, Arts & Culture, Inc. liable for any such injury to my child or myself. I acknowledge and attest, or if giving consent on behalf of my child, that I am or he/she is, physically fit and able to participate in physical activity. I also consent to being photograph, video-taped or interviewed, or giving consent on behalf of my child to being photograph, video-taped or interviewed by the media or Chiku Awali for publicity purposes. I also give blanket consent for my child to attend field trips sponsored by Chiku Awali unaccompanied by me.

Signature: Date	
MAY WE LIST YOU AND YOUR FAMILY MEMBERS IN OUR PUBLISHED DIRECTORY	
I have reviewed the rules and regulations of Chiku Awali online: Yes No	
I am not income eligible and will pay the required fees for program services: Initial Here	

Parent signature if under 18 years old

Return this completed form to: <u>info@chikuawali.org</u> or Chiku Awali, 76 Ramapo Avenue, Suffern NY 10901 To pay use Cash App \$chikuawali; Zelle (845)729-0670 Alexandreena Dixon;

Venmo @Alexandreena-Dixon; https://www.chikuawali.org; or

PayPal tafdixon@aol.com Family & Friends

For Information Visit: <a href="https://www.chikuawali.org">www.chikuawali.org</a> or email: info@chikuawali.org

Classes are held at the Louis Kurtz Civic Center, 9 N. Main Street, Spring Valley, NY