## 2024-2025 Chiku Awali Registration Form

1. Last Name:			Firs	t Name:		
		HDAY				
3. Address:		0	City:	s	tate:	Zip Code:
4. Home Phone: _		Cell Phone: _		Email		
<b>EMERGENCY</b>	CONTACT N	AME AND TELEP	HONE			
5. I WISH TO REG	STER FOR TH	E FOLLOWING: (PLE	ASE CHECK	ALL THAT APPL	Y)	
☐ AFRICAN A☐ JEMBE DR	ART PROJECT UMMING	YEAR OLDS 'S D FIELD TRIPS	☐ RITES☐ THE EX☐ THE B	AN DANCE PRE OF PASSAGE KCELLENCE CLU ROAD PROJECT, MODERN, HIP H	JВ Г	TEENS, ADULTS
6. PLEASE SELECT YOUR MEMBERSHIP CATEGORY:  CHILD AND COLLEGE STUDENT MEMBERSHIP INCOME ELIGIBLE □\$20.00  CHILD AND COLLEGE STUDENT MEMBERSHIP NON INCOME ELIGIBLE □\$30.00  ADULT MEMBERSHIP INCOME ELIGIBLE □\$30.00 ADULT MEMBERSHIP NON INCOME ELIGIBLE □\$40.00  FAMILY MEMBERSHIP INCOME ELIGIBLE □\$50.00 FAMILY MEMBERSHIP NON INCOME ELIGIBLE □\$60.00						
Without Member Students with ID.	•		r Adults and	l \$9 for Childrei	n, Teens S	Seniors, and College
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 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 and is not prorated.						
	☐ American ☐ American ☐ American	ican American Indian/Alaskan Na Indian/Alaskan Na Indian/Alaskan Na ican American & W	ative  Unitive & White tive & Blace	Native America :e k/African Amer	ican	& White an/Other Pacific Islander
8. Hispanic Ethnic	city: 🗆 Yes	□ No				
9. Single Headed	Household: [	☐ Yes ☐ No — (If Y	'es: Male □	l Female □)		
10. Military Vete	ran: 🗌 Yes	□ No				
11. Over 62 years	old: 🗆 Yes	□ No				
<b>12.</b> Disability: □	Yes 🗆 No	Person with specia	al 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 2023 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 (2024 AMI)**

2022 AMI	1	2	3	4	5	6	7	8
	Person	Persons						
0% - 30%	\$0 –	\$0 -	\$0 –	\$0 –	\$0 –	\$0 –	\$0 –	\$0 –
	32,650	37,300	41,950	46,600	50,350	54,100	57,800	61,550
31% – 50%	\$32,651-	\$37,301-	\$41,951-	\$46,601-	\$50,351-	\$54,101-	\$57,801-	\$61,551-
	54,350	62,150	69,900	77,650	83,850	90,050	96,300	102,500
51% - 80%	\$54,351-	\$62,151-	\$69,901-	\$77,601-	\$83,851-	\$90,051-	\$96,301-	\$102,500-
	87,100	99,550	111,950	124,400	134,350	144,300	154,250	164,200
Over 80%	\$87,101	\$99,551	\$111,951	\$124,401	\$134,351	\$144,301	\$154,251	\$164,201
	+	+	+	+	+	+	+	+

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.

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

Parent signature if under 18 years old

Return this completed form to: <a href="mailto:dreena@chikuawali.org">dreena@chikuawali.org</a> or Chiku Awali, PO Box 794, 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="mailto:www.chikuawali.org">www.chikuawali.org</a> or email: <a href="mailto:info@chikuawali.org">info@chikuawali.org</a> or call (845) 357-5062

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