2025-2026 Chiku Awali Registration Form

1. Last Name: _____First Name:_____

2. AGE_____BIRTHDAY_____ (MM/DD/YYYY) Gender_____

3. Address: _____City:_____State:_____Zip Code:_____

4. Home Phone: _____ Cell Phone: _____ Email_____

EMERGENCY CONTACT NAME AND TELEPHONE_____

5. I WISH TO REGISTER FOR THE FOLLOWING: (PLEASE CHECK ALL THAT APPLY)

- ❑ AFRICAN DANCE 3-10 YEAR OLDS
- ❑ AFRICAN ART PROJECTS
- ❑ JEMBE DRUMMING
- ❑ FIELD TRIPS
- ❑ AFRICAN DANCE PRE-TEENS, TEENS, ADULTS
- ❑ RITES OF PASSAGE
- ❑ THE EXCELLENCE CLUB
- ❑ THE BROAD PROJECT
  (BALLET, HAITIAN, HIP HOP, LATIN, AFRO AND/OR MUSICAL THEATER)

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 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 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.

7. Race Category: (Pick One)
- ☐ **Black/African American**
- ☐ **White**
- ☐ **Asian**
- ☐ **Asian & White**
- ☐ **American Indian/Alaskan Native**
- ☐ **Native American Hawaiian/Other Pacific Islander**
- ☐ **American Indian/Alaskan Native & White**
- ☐ **American Indian/Alaskan Native & Black/African American**
- ☐ **Black/African American & White**
- ☐ **Other Multi-Racial**

8. Hispanic Ethnicity: ☐ **Yes** ☐ **No**

9. Single Headed Household: ☐ **Yes** ☐ **No – (If Yes: Male** ☐ **Female** ☐**)**

10. Military Veteran: ☐ **Yes** ☐ **No**

11. Over 62 years old: ☐ **Yes** ☐ **No**

12. Disability: ☐ **Yes** ☐ **No Person with special needs:** ☐ **Yes** ☐**No**

The reverse side of this form must be signed

Name_____

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 2024 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 (2025 AMI)

2025 AMI	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
0% - 30%	$0 – 34,050	$0 - 38,900	$0 – 43,750	$0 – 48,600	$0 – 52,500	$0 – 56,400	$0 – 60,300	$0 – 64,200
31% – 50%	$34,051-56,700	$38,901-64,800	$44,751-72,900	$48,601-81,000	$52,501-87,500	$56,401-94,000	$60,301-100,450	$64,201-106,950
51% – 80%	$56,701-90,750	$64,801-103,700	$72,901-116,650	$81,001-129,600	$87,501-140,000	$94,001-150,350	$100,451 -160,750	$106,951-171,100
Over 80%	$90,751 +	$103,701 +	$116,651 +	$129,601 +	$140,001 +	$150,351 +	$160,751 +	$171,101 +

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.

I, _____, understand and consent to the release of the information stated on this form and supporting documents to the County 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: **dreena@chikuawali.org or Chiku Awali, PO Box 794, Suffern NY 10901.**
To pay use Cash App $chikuawali; Zelle (845)729-0670 Alexandreena Dixon;
Venmo @Alexandreena-Dixon; or https://www.zeffy.com/ticketing/2025-2026-membership-payment

For Information Visit www.chikuawali.org or email: info@chikuawali.org or call (845) 357-5062

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