

REGISTRATION FORM

Goal: The primary purpose is to preserve and present traditional West African Dance, Music and History by providing authentic performances and detailed instruction and to perpetuate its significance to future generations, while creating a lifestyle of physical and mental wellness. **Mission:** to introduce, increase and enhance cultural awareness to better understand and appreciate the richness of the African Diaspora

REGISTRATION INFORMATION

Lincoln Ballroom, 2nd fl. @ 769 East Long Street Columbus, 43205

Adults Classes @ 6:30p - Class fee \$10

Registration DEADLINE

All fees and registration must be completed in advance or at the classsite before partaking in the class.

Registration INCENTIVES

Recruit one (1) new participant and receive \$5 off your class fee. All persons in the incentive package **MUST** register and submit the full payment together on or before deadline

#####

Name _____

Address _____ City /Zip _____

Home Phone _____ Cell _____

Email Address: _____

Physical, emotional and/or mental limitations

Liability Waiver

I _____ relieve the Thioossane Institute, its instructors and guest artists of Lincoln Theatre of any liability to my child or loss of stolen property while participating in these classes. I understand that I am participating at my risk and I am aware of my physical limitations

Signature _____ Date _____

Mail and make payable to:

THIOSSANE WEST AFRICAN DANCE INSTITUTE
P. O. BOX 6896 COLUMBUS, OHIO 43205 614 -252 -7077