



**DRUMMING AND DANCING AT
DAGBE CULTURAL INSTITUTE AND ARTS CENTER
APPLICATION FORM**

PERSONAL INFORMATION

First Name	Middle Name	Last Name	Birth Date (MM/DD/YYYY)
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Address	Ste/Apt#	City	State/Province	Zip Code	Country
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Phone	Fax	Email Address
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Yes No I would like to receive information about CATO via email

EDUCATIONAL BACKGROUND

Highest Education level completed

High School Some College Associate Degree HND Bachelors Masters
 Doctorate Others

Specify:

Other Relevant Information:

OTHER SKILLS

1. _____
2. _____
3. _____

WORK EXPERIENCE

Company Name	Address	Job Title	From (MM/YY) To (MM/YY)
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Company Name	Address	Job Title	From (MM/YY) To (MM/YY)
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Company Name	Address	Job Title	From (MM/YY) To (MM/YY)
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TRAVEL EXPERIENCE

List the counties you visited outside your country. Start with the most recent.

Country	Duration
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____



INBOUND PROGRAMMES

Programmers

Drumming and Dancing

Duration

Start Date (MM/YY)

Areas of Interest for the Study

Drum

Singing

Dance

Level of Study

Beginner

Intermediate

Advance

ACCOMODATION

Host Family

Hostel

Small Hotels

Others

Specify:

PROGRAMME COST

Music and Dance

Individuals

See website for details

Group

See website for details

Weekly Fees Include:

1 Week (Dormitory type accommodation)

Tuition

Meals

Kopeyia sightseeing tours

Full day tour of Accra

Guided professional tour services

All tour entrance fees

Ground Transportation

Airport pickup and Drop off

Fees does not include:

Flight to Ghana

Optional Country tour

Medical Insurance

Drums



HOW TO PAY

A non-refundable fee of US \$100 is required for application processing
This fee is applied toward the programmed fee if the applicant enrolls. Full amount of programmed is due upon arrival in Ghana.

I hereby certified that:

1. All the above information I provided is accurate and true
2. I agree with the responsibilities of CATO as stated in the programmed brochure

Signature of Applicant

Date

Signature of Parent (if applicant is 18 and below)

Date

Name of Parent: _____

Address: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

**SEND YOUR APPLICATION WITH REMITTANCE
AT LEAST 6 WEEKS BEFORE START OF PROGRAMME TO:**

USA

CATO

4820 Elms Lane NE

Roanoke, VA 24019

USA

Email: info@catointl.org

Web: www.catointl.org