

The TALL INSTITUTE
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10 Week Fall Semester 2009

INFORMATION AND APPLICATION

Class Details:

Title of the Class: *The S.A.F.E. Program (Self-Defense, Assertiveness, Fun and Empowerment)*

**Instructor of the Class: *Scott Osterfeld*
*Licensed Social Worker and Black Belt in Tae Kwon Do.***

Day / Times: *Wednesdays, Block #2 1:30-4:30pm*

Dates / Duration: *September 2nd thru November 4th 2009*

Tuition Cost: *\$240.00 (Private pay only at this time.)*

Goals of Class:

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- **To increase self-esteem and self-confidence.**
- **To protect oneself from exploitation and abuse.**
- **To learn practical strategies, self-defense techniques and interpersonal skills as they relate to being S.A.F.E.**

Please send in or drop off to The TALL INSTITUTE the attached application form along with your tuition payment. We look forward to having you be a part of our class here at TALL!

- **PLEASE NOTE: In order to be a student at The TALL INSTITUTE you MUST fill out an ENTRANCE application; have an interview with the Executive Director and be accepted into the program. Please contact Barb Thomas at 513-731-7077 to set up your appointment! If accepted into The TALL INSTITUTE you can sign up for the S.A.F.E. class!**
- *The TALL INSTITUTE, a non-profit 501c3 organization, offers unique, specially designed lifelong learning opportunities to adults with intellectual and developmental challenges 21 years and older who have accepted their high school diplomas.*

The TALL INSTITUTE
Fall Semester 2009
Application & Tuition Payment

The S.A.F.E. Program Class

Wednesdays Block #2
1:30-4:30pm
September 2nd thru November 4th 2009

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **E-Mail:** _____

Tuition Cost: \$240.00

- Full Payment of \$240.00 enclosed**
 Cash **Check** **Money Order**
 Credit Card (Fill in information below)

Credit Card Payment

Please charge my tuition payment in the amount of \$240.00 to my credit card:
___ VISA ___ Master Card ___ American Express ___ Discover

Card Number: _____ **Exp. Date:** _____

Name on Card: _____

Signature: _____