



2 Day Dance Intensive – Praise Dance Boot Camp Miracles, Signs, & Wonders Hebrews 2:4 (KJV)

And God confirmed the message by giving signs and wonders and various miracles and gifts of the Holy Spirit whenever he chose.

(PLEASE PRINT OR TYPE)																																	
Participant's Name:																																	
Guardian's Name:																																	
Current address:																																	
City:		State:		Zip Code:																													
Home Phone:		Cell Phone:		Email:																													
Church Name:			Church Address:																														
Church Phone Number:			Pastor/Leader Name:																														
Your position in ministry: <input type="checkbox"/> Leader <input type="checkbox"/> Choreographer <input type="checkbox"/> Dancer <input type="checkbox"/> Mime <input type="checkbox"/> Other _____																																	
Your dance level: <input type="checkbox"/> Limited Movement <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate/Advance <input type="checkbox"/> Youth (7 - 13) <input type="checkbox"/> Teen (13 - 19) Age if under 20																																	
Adults Only - Second Class Selection: <input type="checkbox"/> Modern/All Levels <input type="checkbox"/> Modern/Advance <input type="checkbox"/> West African <input type="checkbox"/> Duhnam <input type="checkbox"/> Pageantry																																	
PAYMENT METHOD																																	
The Registration fee is due at the time that you submit this form. All Group participants please complete page 2 of this form.																																	
2 Day Registration					1 Day Registration																												
<input type="checkbox"/> Ages 20 & up - \$90.00 ea.		<input type="checkbox"/> Singers/Psalmist \$50.00 ea.			<input type="checkbox"/> Ages 14 & up - \$60.00 ea.		Select One Day <input type="checkbox"/> Friday <input type="checkbox"/> Saturday																										
<input type="checkbox"/> Ages 14 – 19 - \$85.00 ea.		<input type="checkbox"/> NLDN - \$75.00 ea.			<input type="checkbox"/> Ages 7- 13: \$50.00 ea.																												
<input type="checkbox"/> Ages 7– 13 - \$80.00 ea.		<input type="checkbox"/> SOM/HOPP Min. - \$75.00 ea.			<input type="checkbox"/> Groups 10 or more - \$50.00 ea.																												
<input type="checkbox"/> Group of 10 or more - \$75.00 ea.		<input type="checkbox"/> Observer: \$35.00 ea.																															
Conference T-shirts must be ordered by May 15, 2019. <input type="checkbox"/> \$25.00 ea. w/ Bling <input type="checkbox"/> \$20.00 ea. No-Bling					<input type="checkbox"/> Late Registration May 1, 2019 Adult \$100 ea. Youth \$90 ea. Psalmist \$60 ea. Observer \$45 ea.																												
METHOD OF PAYMENT <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> PayPal (info@elolamdance.org) <small>Please add \$3.57 to cover PayPal fee to each registration.</small> <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Cash App - \$ElOlamDance <small>(Please make check out to El Olam Center for Dance)</small>				<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Type _____</td> <td>Qty. _____</td> <td>x Rate _____</td> <td>= _____</td> </tr> <tr> <td>Type _____</td> <td>Qty. _____</td> <td>x Rate _____</td> <td>= _____</td> </tr> <tr> <td>Type _____</td> <td>Qty. _____</td> <td>x Rate _____</td> <td>= _____</td> </tr> <tr> <td>Type _____</td> <td>Qty. _____</td> <td>x Rate _____</td> <td>= _____</td> </tr> <tr> <td>Type _____</td> <td>Qty. _____</td> <td>x Rate _____</td> <td>= _____</td> </tr> <tr> <td colspan="3" style="text-align: right;">Amount Due:</td> <td>_____</td> </tr> </table> <p>Please list type of participation here (i.e. 2 Day Adult, 1 Day Youth)</p>						Type _____	Qty. _____	x Rate _____	= _____	Type _____	Qty. _____	x Rate _____	= _____	Type _____	Qty. _____	x Rate _____	= _____	Type _____	Qty. _____	x Rate _____	= _____	Type _____	Qty. _____	x Rate _____	= _____	Amount Due:			_____
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Type _____	Qty. _____	x Rate _____	= _____																														
Amount Due:			_____																														
For more information: WWW.ELOLAMDANCE.ORG (248) 599-2239 INFO@ELOLAMDANCE.ORG																																	
LIABILITY WAIVER																																	
I _____ hereby waive, release and forever discharge El Olam Center for Dance & Arts, LLC from any and all causes of action, claims, suits, damages and demands whether known or unknown, which I may have had, now have or may later have against and its respective officers, directors, employees, volunteers and representatives, arising out of or in any way connected to my participation in the dance ministry workshops, including any of its respective classes & performance, including but not limited to the El Olam Center for Dance & Arts, LLC and any affiliates associated with the 2-Day Intensive ministry conference. Initials _____																																	
PHOTO AND VIDEO RELEASE																																	
I _____ hereby grant permission to individuals associated with El Olam Center for Dance & Arts, LLC and 2-Day Intensive workshops to use all photographs and video footages taken of me and/or my child during my and/or his/her participation with the El Olam Center for Dance & Arts, LLC workshop classes. Initials _____																																	
SIGNATURE OF AGREEMENT																																	
(Agreement for program participation, liability waiver and photo and video release)																																	
Participant Print name				Participant or Guardians Signature				Date																									
MAILTO: EL OLAM'S 2 DAY INTENSIVE, PO Box 756, FARMINGTON MI 48332 OR Email: REGISTRATION@ELOLAMDANCE.ORG <b style="color: red;">REFUNDS ARE ALLOWED WITHIN 48 HOURS OF PURCHASE. PLEASE CONTACT US IF YOU NEED A PAYMENT PLAN.																																	
FOR OFFICE USE ONLY																																	
REGISTRATION: Amount: \$ _____		Date paid: _____																															
Comments : _____																																	

Praise Dance Intensive: Tending to strengthen and increase; Enables each individual to achieve the highest level of excellence in a positive collaboration between dancer and artist in an environment where they can feel safe and motivated.



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PARTICIPANTS FORM

Adult Groups: Please fill out Name, Dance Level, Dancer/Mime and Email.

Youth Groups: Please fill out Name, Dance Level, Dancer/Mime, Age with parent

Second Class Selection: Modern/All Levels, Modern/Advance, West African and Pageantry

Name	Age	Dance Level	Dancer/Mime	Email (If applicable)	Second Class Selection if over 19 years of age
1.					
2.					
3.					
4.					
5.					
6.					
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13.					
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17.					
18.					
19.					
20.					

What to Wear? & What to Bring?

Attire should be modest and loose fitting. Please no bare midriffs or sleeveless tops. Leotards and tights must be covered with a T-shirt. You may wear either of the following: loose sweatpants, jogging suit, palazzo pants, gauchos, knee length dance skirts or Lapas (for African Dance). Please no denim. Bring a washcloth, water bottle and Bible.

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Groups Liability Waiver and Photo & Video Release

Each participant/parent/guardian must print and sign the waiver form.

Please turn all waivers in with registration form.

LIABILITY WAIVER		
I _____ hereby waive, release and forever discharge El Olam Center for Dance & Arts from any and all causes of action, claims, suits, damages and demands whether known or unknown, which I may have had, now have or may later have against and its respective officers, directors, employees, volunteers and representatives, arising out of or in any way connected to my participation in the dance ministry workshops, including any of its respective classes & performances, including but not limited to the El Olam Center for Dance & Arts and any affiliates associated with the 2-Day Intensive ministry conference.		
Initials _____		
PHOTO AND VIDEO RELEASE		
I _____ hereby grant permission to individuals associated with El Olam Center for Dance & Arts and 2-Day Intensive workshops to use all photographs and video footages taken of me and/or my child during my and/or his/her participation with the El Olam Center for Dance & Arts workshop classes.		
Initials _____		
SIGNATURE OF AGREEMENT		
<small>(Agreement for program participation, liability waiver and photo and video release)</small>		
Participant Print name	Phone Number	Date
Print Guardian's Name	Participant or Guardian's Signature	

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