



2 Day Dance & Music Intensive – June 14 & 15, 2024

Raging Rivers of Revival Ezekiel 47:1-12, where life-giving waters flow from the Temple, bringing healing and restoration to the land.

(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"/> - Dance <input type="checkbox"/> - Mime <input type="checkbox"/> - Other _____ <input type="checkbox"/> - Youth (7 – 13) Age if under 19 _____					
PAYMENT METHOD					
The Registration fee is due at the time that you submit this form. Group participants please complete page 2 & 3 of this form.					
Early Registration ends on January 31, 2024 – Groups please fill out page 2 & 3.					
# of Registrants _____ x Rate \$125.00 = \$ _____ # of Psalmist Registrants _____ x Rate \$50 = \$ _____					
METHOD OF PAYMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Cash App - \$ElOlamDance <input type="checkbox"/> Check/Money Order <input type="checkbox"/> PayPal PayPal – info@elolamdance.org Please add \$5 to cover PayPal fee to each registration. <i>(Please make check out to El Olam Center for Dance)</i>					
Intermediate/Advance=Technically Trained in Ballet, Contemporary, or Modern					
Select all that apply: <input type="checkbox"/> - Female Dancer ages 13 and up <input type="checkbox"/> - Male Dancer ages 13 and up <input type="checkbox"/> - Youth – ages 12 and under <input type="checkbox"/> - Teen – ages 13 - 19 <input type="checkbox"/> - Mime – All ages <input type="checkbox"/> - Psalmist – All Ages <i>(Psalmist Early Registration is \$50)</i>					
ADULT DANCE ONLY - 1st Class (select 1): <input type="checkbox"/> - Male Dancer <input type="checkbox"/> - Limited Movement/ Beginners <input type="checkbox"/> - All Levels <input type="checkbox"/> - Intermediate/Advance (Technically Trained)			ADULT WOMEN DANCE ONLY - 2nd Class (select 1): <input type="checkbox"/> - All Levels/Fusion <input type="checkbox"/> - Intermediate/Advance <input type="checkbox"/> - West African <input type="checkbox"/> - Pageantry		
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	
Only one form needs to be completed per group. List participants on page 2 of form. Please send registration form and fee to: EL OLAM'S 2 DAY INTENSIVE, PO BOX 1016, UNION LAKE, MI 48387 OR Email: INFO@ELOLAMDANCE.ORG 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

Please fill out Name, Age if under 19, Dance | Mime | Psalmist | Male Dancer ages 13 and up, and Email

Teen Girls: 1ST class selection: Hip Hop | All Levels Modern

Adult Women ages 20 and up: 1st Class selection – Limited Movement | Beginners | Intermediate/Advance

Adult Women ages 20 and up: 2nd Selection: All Levels | Intermediate/Advance | West African | Pageantry

Name	Age	Email	Dance/Mime/ Psalmist/ Men Dancer (13 & up)	2 nd Class Adult Women Only
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
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16.				
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 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.		
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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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