

Praise Dance Ministry Request Form

DATE SUBMITTED: _____

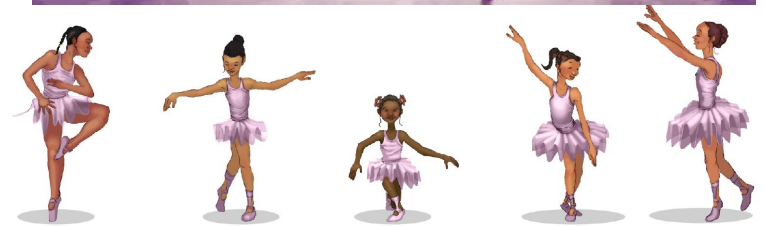
MINISTRY NAME: _____

CONTACT NAME/PHONE: _____

DATE OF EVENT:	
NAME OF EVENT:	
THEME:	
SCRIPTURE:	
COLOR SCHEME:	
DANCE GROUP REQUESTED:	<input type="checkbox"/> Children <input type="checkbox"/> Youth <input type="checkbox"/> Young Adult <input type="checkbox"/> ALL

**** IMPORTANT ****

All requests must be submitted at least 45 days prior to event to allow time for preparation and rehearsal.



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