



**DANCE MINISTRY SCHOOL
ON-LINE REGISTRATION FORM**

Name: _____ Telephone: _____ Cell#: _____

Address: _____ City _____ Zip _____

Occupation _____ Birth date: _____

(Optional)

E-mail: _____

NAME OF CHURCH MEMBERSHIP _____

Church Position: _____

Are you presently a Praise Dance Leader or Worship Leader? _____ If yes, for how long? _____

Are you actively involved in Praise Dancing or in Praise Team? _____ Solo or Part of Group _____

How long have you been involved in Praise Dancing or in a Praise Team? _____

Are your pastors aware that you will be attending this on-line workshop? _____

What do you hope to learn as a result of taking this on-line workshop?

Are you actively involved in any form of dance training, or have you been involved in professional dance training within the last 5 years? Yes or No If yes, what kind? and where? _____

Have you ever attended a Worship conference or Dance workshop where there was biblical training included? Yes or No If yes, where? and when? _____

Is this your first on-line Praise Dance Course? Yes or No If not, When and Where and for how long?

How did you hear about this On-line Praise Dance Course? Mailing _____ Internet _____ Family/Friend _____ Brochure _____ Newspaper _____ Former Student _____ Other _____

Additionally, I waive all manner of actions and/or responsibility of my instructor and, Higher Praise Dance Academy, its leadership, and its members, from any and all claims; and demands and liabilities on account of any injury that may be inflicted upon me during web cam class time. I, Agree I, Disagree

Please Save and Email this Application to hpdance@sbcglobal.net