

# WORSHIP & ARTS DANCE MINISTRY

MOUNT CALVARY BAPTIST CHURCH

Dr. Claybon Lea, Jr., Senior Pastor

## REQUEST FORM

SIGNED/APPROVED BY: \_\_\_\_\_

Division Director

Division Director Print Name \_\_\_\_\_

DATE: \_\_\_\_\_

To allow for sufficient preparation please submit your request 30 days prior to your event

CONTACT NAME: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

EVENT: \_\_\_\_\_ DAY & DATE OF EVENT: \_\_\_\_\_

	DAY 1		DAY 2		DAY 3	
Time of Event	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

Include start and end time and circle AM or PM per day

### SELECT (x) CAMPUS LOCATION:

<b>FAIRFIELD CAMPUS-1735 Enterprise Drive, Bldg 3</b>	<b>SUISUN CAMPUS-601 Whispering Bay Lane</b>
( ) Main Sanctuary	( ) Main Sanctuary
( ) Fellowship Hall	( ) Church Annex
ADDITIONAL INFORMATION:	

### SELECT (x) DANCE SUPPORT NEEDED:

( ) All Dancers of Ministry      ( ) Crazy Praise (ages 11-17)      ( ) Jr. Crazy Praise (ages 5-10)

( ) Divine Essence (beginning to intermediate adults)

( ) Souled Out! (Intermediate to advanced adults)

( ) How many selections? \_\_\_\_\_ ( ) Minimal Dancers \_\_\_\_\_ Qty

Please describe the event and provide theme/scripture:

\_\_\_\_\_

\_\_\_\_\_

If you have any questions please email us at: [WorshipnArts@mountcalvarychurch.org](mailto:WorshipnArts@mountcalvarychurch.org)

**Please submit completed form to your Division Director**

(Revised: Dec 21, 2010)