



Saint Philip Church Holy Dance Ministry (HDM) Ministry Request Form



Today's Date:		
Event Details		
Event Name:		
Event Theme:		
Event Description:		
Event Website:		
Event Date:		Event Time:
Venue Details		
Venue Location:		
Address:		
City:	State:	Zip Code:
Ministry Details		
Number of Selections Requested:		
Number of Dancers Requested:		
HDM Division Requested (Check all that apply):		
Children <input type="checkbox"/>	Pre-Teens <input type="checkbox"/>	Teens <input type="checkbox"/>
Adult Women <input type="checkbox"/>	Divine Worship (Limited Movement) <input type="checkbox"/>	DAVID (Men) <input type="checkbox"/>
Dimensions of Dance Space (attach pictures if possible):		
Additional Details:		
Point of Contact Details		
Name:		Title:
Phone Number:		Email:
Preferred Method of Contact:		
Phone <input type="checkbox"/>		Email <input type="checkbox"/>

Please fill out form completely and return to:

spcholydanceministry@gmail.com

or

Michele Summerlin
(STREET ADDRESS)
(CITY), GA (ZIP CODE)

All requests received less than 30 days before the event will be considered on a case by case basis