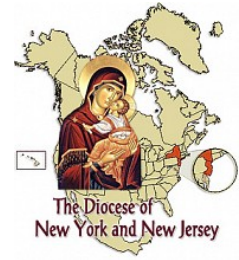




## Liturgical Music Workshop FOR CHILDREN



**Subject:** Singing the Divine Liturgy  
**Date:** Saturday, June 10, 2017  
**Place:** Our Lady of Kazan, 2 Willow Shore Ave, Sea Cliff, NY 11579  
**Time:** 10:00 am – 2:30 pm (light breakfast at 9:30 am)  
**Fee:** Suggested Donation: \$10/child (includes materials/lunch)  
**Instructor:** Basil Kozak

### Course Description:

This workshop is appropriate for younger school age children through teens, however adults are encouraged to attend, too.

The Divine Liturgy is the most often attended and well known church service for most children (and adults!). This workshop will give children the opportunity to deepen their understanding of Orthodox worship and allow them to participate more fully in the Divine Liturgy. Through singing, discussion, and activities, participants will learn about the service and become familiar with basic musical concepts. The repertoire will consist of simple and familiar melodies that will encourage children to “join in” at their parish church, while also giving them the tools and the confidence to sing as part of a youth choir or at summer camp.

We will focus on short, repetitive parts of the Liturgy, e.g., Holy God, Litanies, Alleluia, and Communion Hymns, but also incorporate hymns and prayers that can be sung at home before meals, at bedtime or on other occasions, and other key parts of the service that are particularly suitable for congregational involvement.

Basil Kozak is a graduate of Saint Vladimir's Seminary and has been singing with children at Saint Andrew's Camp and at Saints Peter and Paul Church in South River, NJ, for over 25 years.

Lunch will be provided, along with sheet music to bring home. All instruction will be in English.

## PRE-REGISTRATION IS ESSENTIAL

TO HELP THE INSTRUCTOR PLAN HIS PRESENTATION, ASSURE ADEQUATE HANDOUTS, AND MEAL PLANNING

Checks should be made payable to: *Diocese of New York and New Jersey* and sent to:  
Kozak Workshop, c/o 38 Pearl Street, New Hyde Park, NY 11040

Directions to Our Lady of Kazan, 2 Willow Shore Ave, Sea Cliff, NY 11579



1. From the Long Island Expressway (LIE) Take exit 39 North
2. Go about 4 miles and make a left onto Glenwood Road/Glen Head Road (there is a bank on the right and a gas station on the left)
3. Take Glenwood Road all the way to the end and make a right onto Shore Road.
4. Make a right onto Littleworth Lane (traffic light) and then an immediate left onto Willow Shore Avenue.

**NOTE:** Do **NOT** park in the parking lot near the apartment buildings or in the driveway next to the church. These are private property and you will be towed!

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# **REGISTRATION FORM**

Please complete one form for each child

<b>Participant information</b>	
Name: _____	Address: _____
City/State, Zip _____	Parish Name _____
Jurisdiction/Location: _____	
Child's Age: _____	Contact email: _____
What musical skills does the child already have? (ex: takes piano lessons, sings in school choir): _____	
<b>Complete below only if the parent/guardian will not attend the workshop with the child</b>	
<b>Primary Physician</b> Name: _____ Address: _____ City/State: _____ Phone: _____	<b>Health Insurance Carrier</b> Name: _____ Group Number: _____ Policy Number: _____ Phone: _____
<b>Allergies and pre-existing conditions:</b> _____ (use back if necessary)	
<b>Guardian Permission/Release</b> I am the parent or legal guardian of the participant named above. I hereby release the Orthodox Church in America, and <name of parish, diocese, or sponsoring agent>, their agents and employees from any and all liability for all personal injuries known or unknown that the youth named above may incur due to reasons unrelated by not limited to negligence by participating in activities conducted, sponsored, or associated with the even state above.  In the event of an emergency I, or my spouse, may be reached at the following telephone numbers: 1 <sup>st</sup> #: _____ 2 <sup>nd</sup> #: _____  Also, in the event that I cannot be reached in the case of emergency, I do hereby authorize a physician selected by the coordinator of this event to administer emergency treatment including medications, diagnostic tests, surgery, or other medical intervention deemed necessary by the physician.  Person to release my child to at the conclusion of event: _____  I, the undersigned, have read this release and understand all its terms. I excuse it voluntarily on behalf of myself and the participant named above and with full knowledge of the significance to bind all persons. In witness whereof, I have signed this release on the date indicated below.  Name (please print clearly): _____ Relationship: _____  Signature: _____ Date: _____  I am the person who is authorized to pick up this participant (signature): _____	

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