

Central Indiana Awakening

Sleeper Registration Form

This form must be filled out by the PARTICIPANT also know as the "Sleeper".

PLEASE PRINT, using black ink

The sleeper must be ages 15-19 and has completed at least their freshman year of High School or has graduated from High School within the last year

Name _____ Address _____

City _____ State _____ Zip Code _____ Phone (____) _____

Birth Date ____/____/____ (Mo/Day/YEAR) MALE/FEMALE (circle one)

Name to appear on Name Tag _____ Age _____

Grade you will be in at the time you expect to attend _____ (Sophomore, Junior, Senior)

High School Attended _____

Email Address _____

Do You Attend Church? _____ If yes, Name & Denomination of Church _____

Pastor's Name _____ Address _____

Parent's name _____ Address _____

Has your parent(s) attended a Great Banquet, Emmaus, or Cursillo weekend? _____

Do you have a special diet? _____ If yes, what? _____

Are you on special medications? _____ If yes, please list _____

Do you have a health problem/handicap that may affect your participation at the Awakening? _____

If yes, please explain _____

Has the Awakening been explained to you? _____

Has the follow-up program of reunion groups and Gatherings been explained to you? _____

Please state briefly why you wish to participate in the Awakening and what you expect from it.

SLEEPER'S Signature _____ Date _____

Parent Signature _____ Date _____

Name and relationship of EMERGENCY CONTACT:

_____ Phone _____

Sponsor's Name _____ Phone _____

ALL of the above information is necessary for your proper placement on an Awakening. Please fill in all blanks and especially the **Parent Permission Slip/Medical release** on the reverse of this page. We request a \$10.00 fee for Registration, which should be given to your sponsor along with your completed application. Make checks payable to: HCGB. This form is an application and its submittal does not guarantee acceptance. You may be placed on a waiting list since only a certain number of spaces are available. **REGISTRATION DEADLINE IS LAST FRIDAY IN JUNE.** Early applicants will be notified of acceptance by letter several weeks before the Awakening weekend. Late applicants will be handled as quickly as possible. Detailed information about arrival and housing will be sent with your invitation letter. Although there are no specific charges during the weekend, our cost is approximately \$75 per "sleeper". You will be given the opportunity to make an offering of any amount, if you desire to do so. Please do not let the inability to make a contribution discourage you from submitting an application.

Give to your sponsor or mail to: Central Indiana Awakening, P.O Box 443, Noblesville, IN 46061