

# Central Indiana Awakening

## Sponsor Registration Form

Please print using black ink

“Sleeper’s” Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MALE/FEMALE (Circle one)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Your Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Phone: Home(\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Name and Denomination of Church now attending \_\_\_\_\_

Do you attend regularly? \_\_\_\_\_ Where did you attend your Awakening/Banquet/other? \_\_\_\_\_

When? \_\_\_\_\_ # \_\_\_\_\_ Are you in a reunion group? \_\_\_\_\_

How many Sleepers have you sponsored in the last year? \_\_\_\_\_

Are you praying and sacrificing for your Sleeper? \_\_\_\_\_ How long have you known the Sleeper? \_\_\_\_\_

**Why do you feel that this person would be a good Sleeper?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this Sleeper have the physical and mental capabilities needed for an Awakening weekend? \_\_\_\_\_

Is the Sleeper under any emotional strain that might indicate his/her weekend should be postponed? \_\_\_\_\_

Are you able and willing to assist the Sleeper to get into a reunion group? \_\_\_\_\_

Will you personally bring your Sleeper to the Awakening? \_\_\_\_\_

Attend Sponsor’s hour? \_\_\_\_ Candlelight? \_\_\_\_ Closing? \_\_\_\_

Are you aware of the importance of MINIMAL contact with your Sleeper during the weekend? \_\_\_\_\_

Registration deadline is the **last Friday in June**. Sponsoring a Sleeper is both a joy and a responsibility. There are things you must do for your Sleeper before, during and after the weekend. Remember, the Awakening is not structured to solve deep-seated problems. It is to provide those attending a personal encounter with Jesus Christ.

Sponsor’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail the Sleeper Registration Form, the Permission/Medical Release along with this sponsor form and \$10.00 fee (Checks payable to HCGB) to:

Central Indiana Awakening, P.O. Box 443, Noblesville, IN 46061

**NOTE: THE PERMISSION/MEDICAL RELEASE MUST BE SENT WITH THE REGISTRATION FORMS OR THE SLEEPER CANNOT ATTEND THE WEEKEND.**  
**PLEASE BE SURE ALL INFORMATION IS COMPLETE.**

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