



AWAKENING RESERVATION FORM

TO BE FILLED OUT BY THE "SLEEPER"

Male or Female Name: _____ Name to appear on Tag: _____

Address: _____ E-mail Address: _____

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

Age: _____ Grade: _____ School: _____ T-Shirt Size: _____ Cell Phone: (____) _____

Parent(s) Name: _____ Address: _____

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

Name and Denomination of Church now attending: _____ None

Pastor's Name: _____

Do you know anyone who has attended a

Great Banquet/Emmaus/Cursillo/Chrysalis/Awakening weekend?..... Yes No

If yes, please list name and telephone number: _____

Has the Awakening been explained to you?..... Yes No

Has the follow-up program of Reunion Groups and Gatherings been explained to you?..... Yes No

Are you on a special diet?..... Yes No

If so, what? _____

Are you on special medication?..... Yes No

Do you have a health problem or physical handicap that may affect your attendance?..... Yes No

If yes, please explain: _____

State briefly why you wish to participate in the Awakening and what you expect from it: _____

In case of emergency, please contact: _____

Phone Numbers: _____

Signature _____ Date _____

Sponsor's Name: _____

All of the above information is necessary for your proper placement on the Awakening. Please fill in **all blanks**. This form is an application, and its submission does not guarantee acceptance. You may be placed on a waiting list since we only have a certain number of spaces available. Early applicants will be notified of acceptance by letter several weeks before the Awakening. Late applicants will be handled as quickly as possible. Detailed information about arrival and housing will be sent to you and to your sponsor.

Mail form to: Hickory Grove Great Banquet
ATTN: Dianna Bush
306 North Market Street
Mt. Carmel, IL 62863

or Fax to: 618-263-4302

or Email to: diannabush@gmail.com