

Today's Date: _____

BRYAN AWAKENING Sleeper Registration Form

Sleeper Gender (check one): Male Female Sponsor's Name: _____

Dates of Awakening Weekend you wish to attend: _____

Sleeper's Name: _____ Home Phone No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Grade Most Recently Completed: _____ School: _____ Graduation Year: _____

Age: _____ Birthdate: _____ Name to Appear on Nametag: _____

Name of Church Now Attending (if any): _____

Pastor's Name: _____ Church Denomination: _____

Church Address: _____

Parent's Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Has anyone in your family attended a Great Banquet/Emmaus/Cursillo or Awakening/ Chrysalis weekend? If so, who? _____

Do you require a special diet? Yes No If so, what? _____

Do you have a health problem that might affect your ability to attend the Awakening? _____

If so, please explain: _____

Has the Awakening been explained to you? _____

Have reunion groups and community gatherings been explained to you? Yes No

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

Sleeper Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please fill in ALL blanks. There is no specific charge for the weekend, but you will have the opportunity to make a donation if you desire. We do request a \$10 registration fee to be attached to your completed application and given to your sponsor. Make check payable to the Bryan Awakening. This form is an application; you will be notified of your acceptance to the Awakening, based on availability. 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 weekend. **IMPORTANT:** Please notify us and your sponsor IMMEDIATELY if you are unable to attend. Detailed information about arrival and housing will be sent to you.

PLEASE TURN OVER AND COMPLETE OTHER SIDE

BRYAN AWAKENING
Permission Slip & Medical Information

Sleeper's name: _____ Sponsor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone# _____ Date Of Birth: ____/____/____

Parent(s) name: _____ relationship _____

_____ relationship _____

Parent(s) daytime phone number(s): _____

cell phone#: _____ pager#: _____ other#: _____

Emergency name if unable to contact parent(s): _____

relationship: _____ phone number: _____

Daytime phone # _____ (if # is @ work-business, name) _____

Allergies: (to medications, bug bites, foods, etc.)

Presently taking what medication(s): _____

Time(s) of day to be taken: _____

Insurance carrier name: _____

Group number: _____ Acct # _____

Medical facility patient to be taken to if an emergency: _____

We shall make every attempt to contact the parent(s) or sponsors or others listed above, if an emergency would arise.

I, _____ give my permission for my son/daughter (circle one), _____, to participate in the Awakening weekend. I also give permission to the director(s) of the Bryan Awakening Community, to seek medical attention for my son/daughter if deemed necessary. In the event of an emergency, I will be notified as soon as possible at the above-mentioned phone number(s).

Parent(s) signature

Sleeper's signature

Parent(s) signature

Date

PLEASE TURN OVER AND COMPLETE OTHER SIDE