



## Sleeper Registration Form

Sleeper's Name \_\_\_\_\_ Sleeper Gender (check one):  Male  Female  
 Age \_\_\_\_\_ Grade Most Recently Completed: \_\_\_\_\_ School: \_\_\_\_\_  
 Dates of Awakening Weekend you wish to attend: \_\_\_\_\_  
 Sleeper's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Name to Appear on Sleeper's Nametag: \_\_\_\_\_ Sponsor's Name \_\_\_\_\_  
 Name of Church Now Attending (if any): \_\_\_\_\_  
 Pastor's Name: \_\_\_\_\_ Church Denomination: \_\_\_\_\_  
 Church Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_  
 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?  Yes  No  
 If so, please explain:

Has the Awakening been explained to you?  Yes  No

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 we do request a \$10 registration fee to be attached to your completed application. 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. **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 return the completed form to your sponsor or mail to: The Awakening, First Presbyterian Church, 506 Oxford Dr., Bryan, OH 43506**