



## Awakening Registration

Date: \_\_\_\_\_

Sleeper First Name: \_\_\_\_\_ Sleeper Last Name: \_\_\_\_\_

Sleeper Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Graduation year: \_\_\_\_\_ School: \_\_\_\_\_

Date of Awakening to Attend: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name to Appear on Sleeper's Nametag: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Name of Church Now Attending (if any): \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Church Denomination: \_\_\_\_\_

Church's Address: \_\_\_\_\_

Church's City: \_\_\_\_\_, Church's State: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Parent's City: \_\_\_\_\_, Parent's State: \_\_\_\_\_, Parent's Zip Code: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_ Parent's Email Address: \_\_\_\_\_

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

Do you require a special diet?: \_\_\_\_\_

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?: \_\_\_\_\_

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

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