

## Kokomo Awakening, SLEEPER'S APPLICATION FORM

To be filled out by Guest/Sleeper

**Sleeper's Name** \_\_\_\_\_ T-shirt size \_\_\_\_\_

Name to appear on name tag \_\_\_\_\_

male /female (circle) Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sleeper's Phone (\_\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

Name of church now attending (if applicable) \_\_\_\_\_

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

**Sponsor's Name** \_\_\_\_\_

Sponsor's Phone Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**Parents' Names** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents' Phone Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Parents' Email \_\_\_\_\_

Have your parent(s) attended a Great Banquet, Emmaus, or Cursillo weekend? **Yes/No**

Has the ministry of the Awakening been explained to you? **Yes/No**

Has the follow-up programs of Reunion Groups and Gatherings been explained to you? **Yes/No**

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

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

Do you have a special diet? **Yes/No** If so, what? \_\_\_\_\_

Are you on special medication? **Yes/No** If so, what? \_\_\_\_\_

Do you have a health problem /handicap that may affect you while you are attending the  
Awakening? **Yes/No** If so, explain \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

Contact's Phone Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Please fill in all blanks. We do request a \$20.00 registration fee to be attached to your completed application and given to your sponsor. **Make check payable to Kokomo Awakening.** Early applicants will be notified of acceptance, by letter, several weeks before the Awakening. Late applicants will be handled as quickly as possible. You may be placed on a waiting list since we only have a certain number of spaces available. Contact the Awakening by calling Kevin Sprinkle (765) 860-4942 or Jean Merrell (574) 699-7877, or emailing us at [KokomoAwakening@hotmail.com](mailto:KokomoAwakening@hotmail.com) Detailed information about arrival and housing will be sent shortly before the event.

**Important: Please notify us and your sponsor IMMEDIATELY if you are unable to attend.**

**Sleeper's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Revised Date 02/16/09