

INDIANA DUNES AWAKENING

REGISTRATION FORM

Please complete this form and mail it with a **REGISTRATION FEE OF \$30.00 to:**

Indiana Dunes Awakening
C/O Sheya Bennett
179 S. 150 E.
Valparaiso, IN 46383

Name: _____ Sex (M/F): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Age: _____

Grade: _____ School: _____ E-mail: _____

Parent(s) Name(s): _____

Church (if applicable): _____

Pastor's Name: _____ Youth Leader's Name: _____

Did your parent(s) attend any of the following retreats: Great Banquet / Walk to Emmaus /
Cursillo / Tres Dias? (where & when) _____

Are you on a special diet? _____ If yes, what kind? _____

Do you have any **PHYSICAL, MEDICAL or EMOTIONAL** conditions? _____

If so, please explain (including medications) _____

How did you hear about the Awakening? _____

Sponsor's Name: _____ Phone: _____

Applicant's Signature: _____ Date: _____

Parent's Consent: _____ Date: _____

Preliminary Information: Please note that there is no charge for this retreat other than the initial registration fee. However, if you wish to contribute toward future Awakening retreats, the estimated cost is \$150.00 per person. Please be advised that this is only a registration form and does not guarantee acceptance. Early applicants will receive their responses by mail several weeks in advance of the retreat. If you are placed on a waiting list, you will be notified as soon as space is available. Upon acceptance of your registration, you will receive more information in preparation for an exciting and memorable retreat.

INDIANA DUNES AWAKENING

SPONSOR'S FORM

Please complete this form and mail it with **GUEST REGISTRATION FORM & \$30.00**

FEE to:

Indiana Dunes Awakening
C/O Sheya Bennett
179 S. 150 E.
Valparaiso, IN 46383

GUEST'S

Name: _____ Sex (M/F): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

SPONSOR'S

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____

Which spiritual retreat did you attend? (Awakening, Great Banquet, Walk to Emmaus, Cursillo, Tres Dias) _____ Where / When? _____

Church: _____ Pastor's Name: _____

How long have you known this guest? _____ Relationship: _____

How do you expect your guest would benefit from the Indiana Dunes Awakening? _____

Are you aware of any special **PHYSICAL, MEDICAL, or EMOTIONAL** needs your guest may have? (Yes / No) _____ If yes, please explain: _____

Are you committed to helping your guest through the following? (Yes / No) _____

Pray faithfully: _____ *Agape letters:* _____ *Agape:* _____ *Fourth Day:* _____ *Reunion Group:* _____

ATTEND: *Sponsor's Hour:* _____ *Candle light service:* _____ *Closing service:* _____

Will you arrange transportation to and from the Awakening? _____ How? _____

Sponsor's Signature: _____ Date: _____