

# 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 \$125.00 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: \_\_\_\_\_