

INDIANA DUNES AWAKENING

REGISTRATION FORM

Please complete this form and mail it with an REGISTRATION FEE OF \$30 to:

Indiana Dunes Great Banquet
C/O: Ogden dunes Community Church
116 Hillcrest Road, #113
Portage, IN 46368

Name: _____ Sex (M/F) _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ E-mail: _____

Age: _____ Grade: _____ School: _____ Church (if applicable) _____

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

Parents' Name(s): _____

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

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

Do you have any physical, mental, or medical 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. However, if you wish to contribute towards future Awakening retreats, the estimated cost is \$85.00 per person. Please be advised that this is only an application form and does not guarantee acceptance. Early applicants will receive their responses by mail several weeks in advance. If you are placed on a waiting list, you will be notified, as soon a space is available. Upon acceptance of your application, 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 the GUEST REGISTRATION FORM to:

Indiana Dunes Great Banquet
C/O: Ogden dunes Community Church
116 Hillcrest Road, #113
Portage, IN 46368

GUEST'S

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

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

SPONSOR'S

Name: _____ Phone: _____ E-mail _____

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

Church _____ **Pastor's Name:** _____

Which Spiritual retreat did you attend (Awakening, Great Banquet, Walk to Emmaus, Cursillo,

Tres Dias) ? _____ # _____ When: _____ Where: _____

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, 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: _____

Will you attend: *Sponsor's Hour: _____ Candle Light Service: _____ Closing Worship Service: _____*

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

SPONSOR'S SIGNATURE: _____ Date: _____