



SPONSOR'S FORM

TO BE FILLED OUT BY THE "SPONSOR"

Guest's Name: _____ Male or Female

Address: _____ E-mail Address: _____

City: _____ State: _____ Zip Code: _____ Phone: () _____

Your Name: _____ E-mail Address: _____

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

Daytime Phone: (____) _____ Evening Phone: (____) _____

Name and Denomination of Church now attending: _____

Do you attend regularly?..... Yes No

Where did you make your Banquet/Cursillo/Emmaus? _____

When? _____ # _____ Are you in a Reunion Group?..... Yes No

How many guests have you sponsored in the past year? _____ How long have you known the guest? _____

Are you praying and sacrificing for your guest?..... Yes No

Why do you feel that this person would be a good guest? _____

Does the guest have the physical and mental health needed for a Great Banquet weekend?..... Yes No

Is the guest under any temporary emotional strain that might indicate his/her weekend should be postponed? Yes No

If the guest is a married person, have you discussed the Banquet with his/her spouse?..... Yes No

Will you bring your guest to the Great Banquet?..... Yes No

Will you attend the Sponsor's Hour?..... Yes No

Will you attend the Closing Service?..... Yes No

Can you care for the needs of your guest's spouse over the weekend?..... Yes No

Have you explained the post-weekend meeting?..... Yes No

Will you accompany the guest to this meeting?..... Yes No

Are you aware of the importance of minimal contact with your guest during the weekend, especially if the guest is your spouse?..... Yes No

Does your guest have a physical handicap that requires a bottom bunk? Unfortunately, we can not accommodate preferences, physical needs only please..... Yes No

Sponsoring a guest is both a joy and a responsibility. There are things you must do for your guest before, during and after the weekend. Remember also that the Great Banquet is not structured to solve deep-seated personal problems. It is designed to provide to those attending a personal encounter with Jesus Christ.

Signature _____ Date _____

Mail form to: Hickory Grove Great Banquet
ATTN: Registration
306 North Market Street
Mt. Carmel, IL 62863

OR Fax to: 618-983-4164

Email to: hggba.application@gmail.com