



## AWAKENING RESERVATION FORM

TO BE FILLED OUT BY THE "SLEEPER"

Male or  Female Name: \_\_\_\_\_ Name to appear on Tag: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name and Denomination of Church now attending: \_\_\_\_\_  None

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

Do you know anyone who has attended a

Great Banquet/Emmaus/Cursillo/Chrysalis/Awakening weekend?.....  Yes  No

If yes, please list name and telephone number: \_\_\_\_\_

Has the Awakening been explained to you?.....  Yes  No

Has the follow-up program of Reunion Groups and Gatherings been explained to you?.....  Yes  No

Are you on a special diet?.....  Yes  No

If so, what? \_\_\_\_\_

Are you on special medication?.....  Yes  No

Do you have a health problem or physical handicap that may affect your attendance?.....  Yes  No

If yes, please explain: \_\_\_\_\_

State briefly why you wish to participate in the Awakening and what you expect from it: \_\_\_\_\_

\_\_\_\_\_

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

Phone Numbers: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

All of the above information is necessary for your proper placement on the Awakening. Please fill in **all blanks**. This form is an application, and its submission does not guarantee acceptance. You may be placed on a waiting list since we only have a certain number of spaces available. Early applicants will be notified of acceptance by letter several weeks before the Awakening. Late applicants will be handled as quickly as possible. Detailed information about arrival and housing will be sent to you and to your sponsor.

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

or Fax to: 618-983-4164

or Email to: [hgg application@gmail.com](mailto:hgg application@gmail.com)