

Lost Bridge Awakening

Registration Form

To be completed by the "Sleeper"

Male Female

T-shirt Size _____

Name _____ Address _____

City _____ State _____ Zip Code _____ Phone: _____

Cell Phone _____ E-mail address: _____ Age _____

Name to appear on Tag _____ Grade _____ School _____

Parent(s) Name _____ Address _____

City _____ State _____ Zip Code _____ Phone: _____

Name and Denomination of Church (if applicable) _____

Pastor's Name _____ Address _____

Do you know anyone who has attended a Great Banquet/Emmaus/Cursillo/Chrysalis/Awakening weekend? Yes No If yes, list name and telephone number: _____

Do you have a special diet? Yes No If yes, what? _____

Are you on special medication? Yes No Do you have a health problem or handicap that may affect your attendance at the Awakening? Yes No If yes, please explain: _____

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 Please 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*. There is a registration fee of \$15 which should be submitted with this form. The total cost of the weekend is \$75 per person which can be paid at the beginning of the Awakening. Please make your check payable to Lost Bridge Great Banquet/Awakening. 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 your sponsor.

Mail completed form to: *Lost Bridge Awakening
Lampstand Presbyterian Church
655 South Airport Road
Decatur, IL 62521*

IMPORTANT: Please notify us IMMEDIATELY if you are unable to come.