

**Kokomo Awakening, SLEEPER'S APPLICATION FORM**

To be filled out by Guest/Sleeper

male /female (circle) Date Applied: \_\_\_\_\_ Cash/Check# \_\_\_\_\_

**Sleeper's Name** \_\_\_\_\_ **T-shirt Size** \_\_\_\_\_

Name to appear on name tag \_\_\_\_\_

Sleeper's Home Phone (\_\_\_\_\_) \_\_\_\_\_ Sleeper's Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name of church now attending (if applicable) \_\_\_\_\_

**Parents' Names** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents' Phone Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Parents' Email \_\_\_\_\_

Sleeper's email \_\_\_\_\_

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

Contact's Phone #1 (\_\_\_\_\_) \_\_\_\_\_ Phone #2 (\_\_\_\_\_) \_\_\_\_\_

Are you on special medication? **Yes/No** If so, what? \_\_\_\_\_

Do you have a special diet? **Yes/No** If so, what? \_\_\_\_\_

**Sponsor's Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Has the ministry of the Awakening been explained to you? **Yes/No**

Has the follow-up programs 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.

\_\_\_\_\_  
\_\_\_\_\_

Do you have a health problem /handicap that may affect you while you are attending the Awakening? **Yes/No** If so, explain

\_\_\_\_\_

Please fill in all blanks. **We do request a \$20.00 registration fee** to be attached to your completed application and given to your sponsor. **Make check payable to Kokomo Awakening.** Early applicants will be notified of acceptance, by letter, several weeks before the Awakening. Late applicants will be handled as quickly as possible. You may be placed on a waiting list since we only have a certain number of spaces available. Contact the Awakening by calling Misty Hartke (765) 480-5641 or email mmhartke@comcast.net. Detailed information about arrival and housing will be sent shortly before the event.

**Important: Please notify us and your sponsor IMMEDIATELY if you are unable to attend.**

**Sleeper's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_