

# Bloomington/Normal Great Banquet Community – Awakening Application

## Participant Section –

Weekend Dates \_\_\_\_\_

This section must be filled out by the PARTICIPANT, also known as the “Sleeper”

Participant/Sleeper Name: \_\_\_\_\_

Name on Name Tag: \_\_\_\_\_ Gender: Male  Female

Street Address: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell  Home/LAN Line

High School Year When Attending: Freshman  Sophomore  Jr.  Sr.  Graduated Within Last Year (Age 18 Limit)

Email: \_\_\_\_\_ Okay to Send an Email Confirmation? Yes  No

If you attend church, where do you attend? \_\_\_\_\_

Why do you want to attend the weekend and what do you expect from it? \_\_\_\_\_

Has/have your parent(s)/guardian(s) attended a Great Banquet, Walk to Emmaus, or Cursillo weekend? Yes No

Do you have any health issues (e.g., allergies, asthma, or diabetes)? Yes  No  If Yes, explain below.

Do you have any special diet restrictions/needs (e.g., food allergies)? Yes  No  If Yes, explain below.

Do you take any prescription medications? Yes No If Yes, explain below.

Are you comfortable sleeping in a top bunk? Yes  No

*Note: If necessary, please use the back of this page or attach a separate sheet to explain any additional needs you may have.*

## Signatures

Participant/Sleeper Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Participants, referred to as Sleepers, must be ages 15-18 and in high school or have graduated from high school within the last year.

The weekend runs from 11am Friday to 5pm Sunday. You must attend the ENTIRE weekend  
**The attached permission/ medical release form MUST be completed or the participant CANNOT attend the weekend**  
Once BOTH forms are completed, give to your sponsor

## Sponsor Information

Sponsoring a sleeper is both a joy and responsibility. There are things you must do for the Sleeper before, during, and after the weekend. Remember The Awakening is not structured to solve deep-seated personal problems; it is designed to provide those attending a personal encounter with Jesus Christ. **Please remember to submit the \$100 registration fee either by mail or Paypal.**

Sponsor Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Home/LAN Line

Email: \_\_\_\_\_ Okay to Send an Email Confirmation? Yes No

Sponsor's Original Weekend Type: Great Banquet Walk to Emmaus Cursillo Awakening Chrysalis Other

Once the application and permission form is complete, email to [BNgreatbanquet.com](mailto:BNgreatbanquet.com) or mail all pages to: Attn. Registrar  
B/N Great Banquet Community  
P.O. Box 707  
Bloomington, IL 61702-0707

# Bloomington/Normal Great Banquet Community – Awakening Application

## Parent/Guardian Permission & Medical Release Section

**\*\*\*\*\* This Section MUST Be Completed and Submitted to Attend the Weekend. \*\*\*\*\***

Your teenager will soon be spending time at the Bloomington/Normal Great Banquet Community’s Awakening Weekend. Our leaders are committed to continuing excellence in safety by maintaining the highest level of assurance for your student. Our intention in having a Permission and Medical Release is so that: (1) we know that your teenager has your permission to engage in the activity that we are undertaking and (2) that, in the unlikely case of a medical emergency, we will be able to provide all the necessary care for your teenager. Please read the following and provide the appropriate information:

**I, hereby, give my permission for my teenager to participate in the Bloomington/Normal Great Banquet Community’s Awakening, held at Little Galilee. It is understood that during this activity each youth will cooperate with the rules and guidelines set forth by the adult leaders. I understand that in the event of an emergency, extreme effort will be made to contact me. In the same event, I give the Bloomington/Normal Great Banquet Community’s Awakening leaders permission to procure all necessary medical treatment for my teenager, and authorize the adults to act on my behalf in obtaining necessary medical care. I hereby release the Bloomington/Normal Great Banquet Community’s Awakening adult leaders from liability for accident or illness during this weekend.**

### Participant/Sleeper Information

Participant/Sleeper Name: \_\_\_\_\_ Weekend Dates: \_\_\_\_\_

Street Address: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

### Insurance & Medical Information

Insurance Co. Name: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Insurance Co. Phone: (\_\_\_\_\_) \_\_\_\_\_

Does the participant have any health issues (e.g., allergies, asthma, or diabetes)? Yes  No  If Yes, explain below.

Does the participant have any special diet restrictions/needs (e.g., food allergies)? Yes  No  If Yes, explain below.

Does the participant take any prescription medications? Yes  No  If Yes, explain below.

\_\_\_\_\_

*Note: If necessary, please use the back of this page or attach a separate sheet to explain any additional insurance and medical needs you may have.*

### Emergency Contact Information (In Case of Emergency on the Weekend)

Primary Contact Name: \_\_\_\_\_ Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_