

Lake Cumberland Area Great Banquet & Awakening Community Sleeper Application

Note: This is only an application. Notification of your assigned weekend will be made by mail, call/text, or email. After you have completed your part of this application, please give it to your sponsor. All information will be kept confidential. Incomplete applications will be returned. Placement will be made based upon date received, availability of space and discretion of the Banquet board. Please list an address and number where you can be reached.

Name (as you wish printed on your button): _____
Mailing Address: _____ City _____ St _____ Zip _____
Phone Number: _____ Date of Birth: _____
Grade: _____ Gender M or F: _____
Email: _____
Your Church: _____ Pastor: _____
Parent/Guardian Name: _____ Phone Number: _____
Sponsor's Name: _____ Phone Number: _____

Circle Spring or Fall Awakening. If you cancel less than 10 days prior to your assigned awakening, it will be necessary to re-apply unless you request that your application be transferred to the next awakening.

Spring Awakening or Fall Awakening

Medical Information / Special Needs

Please list any physical limitations or restrictions that we would need to know about

Do you take any medications? Yes / No

List: _____

Diagnosed food allergies or special dietary needs? Yes / No

Please list for the kitchen: _____

Personal Reflection

Why do you wish to attend this banquet? _____

What do you hope to receive? _____

Emergency Contact

Name/Relationship: _____ Phone: _____

Insurance Information

Plan Name: _____ Policy Number: _____

Applicant Signature: _____ Date: _____

Sponsor Form

Please check one:

- ☐ \$110 enclosed (paid in full)
- ☐ \$30.00 enclosed (required with application to hold spot with balance due at send-off)

SPONSOR: Mail/Email completed application to:

Julie Stockton or Abby Stockton – 840 South Main St., Monticello, KY 42633

Email: kayray3@yahoo.com **Questions?** Call/Text: Julie - 606-278-4791, Abby - 606-340-6131

Sponsor Name: _____ **Phone:** _____

Street Address / City: _____ **State:** _____ **Zip:** _____

Email: _____

Church you attend: _____ **Pastor:** _____

Where did you attend your Walk/Banquet? _____ **#** _____

Why do you think this person is a good candidate to attend? _____

Please verify you accept the responsibilities of being a sponsor by checking the applicable boxes below:

- ☐ I am praying for my Sleeper
- ☐ Incomplete applications will be returned. Placement will be made based upon date received, availability of space and discretion of the Banquet board.
- ☐ I have explained the Awakening to my Sleeper
- ☐ I have explained the weekend will be a cellphone and watch free weekend
- ☐ I have discussed the Awakening with my Sleeper's parent/guardians
- ☐ I believe the candidate has the physical/mental health needed for an Awakening
- ☐ I understand that I am to bring my Sleeper to the location of the Awakening send-off
- ☐ I will gather at least 12 agape letters
- ☐ I will attend candlelight service
- ☐ I will attend closing service
- ☐ I will accompany my Sleeper to the follow-up service
- ☐ I will assist my Sleeper in getting established into a reunion group after the Awakening

The Awakening weekend experience is designed for anyone who:

- Wishes to strengthen his/her spiritual life
- Wants to have a better understanding of prayer, the sacraments, study, and Christian action
- Strives to live a Christian life that bears fruit for God
- Seeks to know Jesus as Savior and Lord and to make Him known.

As a sponsor, you are required to provide information to the applicant to assist him/her in the decision to attend a weekend, to help him/her enter fully into the Awakening fellowship after the weekend, to provide prayer and other support, and to provide transportation to and from the camp. As a sponsor, your signature is a covenant to a vital responsibility as a member of the Lake Cumberland Area Great Banquet/Awakening Community.

Sponsor Signature: _____ **Date:** _____

Sleeper Name: _____