

AWAKENING SPONSOR'S FORM

To be filled out by SPONSOR:

Sleeper's Name:	Address:			
City:	State:	Zip:	E-mail:	
Your Name:		Addre	ss:	
City:	State:	Zip:	E-mail:	
Daytime Phone: ()				
Name and Denomination of C	Church Now Atte	nding:		
Where did you make your Av When? How many Sleepers have you Are you praying and sacrifici Why do you feel that this per	sponsored in the ng for your Sleep	e past year? _ er?	How long have you kno	wn the sleeper?Yes _No
Are you able and willing to a Have you discussed the Awal Will you bring your Sleeper to Will you attend the Sponsor's Will you attend the Candlelig Will you attend the Closing Society Can you care for the needs of Have you explained the post-Will you accompany the Sleeper to a supply of the important to	porary emotional sponed?ssist the Sleeper to the Awakening Hour?	strain that mesons are parents/gu?	reunion group?	
Signature:			Date:	

Mail to: The Great Banquet Community hosting the weekend- (check www.lampstand.net for Local address)