

Happening Sponsor Form
Diocese of Upper South Carolina



Applicant Information

Applicants Name _____

Complete mailing address, if applicant is not from an Episcopal congregation:

Name of Clergy _____

Signature of Clergy _____



Sponsor Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Please share any gifts or talents your applicant may have _____

Why do you think this applicant is ready to attend a Happening weekend? _____

How do you plan to support your applicant before, during and after the Happening weekend? _____

Sponsors are expected to assist the applicant with transportation to the Happening weekend, lend support during the weekend, and assist the applicant following the weekend to be active in their congregation and other ministries after their Happening experience.

Sponsor's signature _____ Date _____