Application for Tres Dias – Give this form to your sponsor

Tres Dias is a full three-day experience, which utilizes modern group techniques to bring the candidate into a renewed relationship with Jesus Christ, Fellow Christians and the Church. It can be physically and emotionally tiring. If you have current illnesses (colds or other contagious illnesses), physical infirmities or an emotional problem for which you have or are now having treatment, Tres Dias may not be for you at this time. You must be 21 or older to attend Tres Dias. Please consider this carefully before filling out and submitting your application. Discuss this with your sponsor.

Except for name and address, all information provided is considered "confidential". It is solicited to help plan the weekend activities. If additional space is required, please use the back of this sheet.

PLEASE PRINT CLEARLY WITH BLACK OR BLUE INK

FIRST NAME: _____LAST NAME: _____
NICKNAME :(if desired for name tag) _____
MAILING ADDRESS: _____CITY:_____STATE:_____
ZIPCODE: _____HOMEPHONE:_____CELLPHONE:_____
Email:_____ AGE: _____ MARITAL STATUS_____
NAME OF SPOUSE_____
NO.OF CHILDREN (ages & sex is helpful) _____

Have you accepted Christ as your personal savior? Yes_____ No_____
Are you actively seeking a closer walk with the Lord? Yes_____ No_____
Have you ever attended a Cursillo, Walk to Emmaus, Via De Christo, Koininia, Kairos or Pathways weekend? YES_____NO_____
If yes when and where? _____
If you are married, has your spouse attended Tres Dias or equivalent weekend? YES_____NO_____
If spouse has not attended, has he/she submitted an application through a sponsor YES_____NO_____
If spouse has attended, when was the weekend? _____

Church attending: _____Occupation_____

Hobbies/Interests: _____
Are you? (Circle all appropriate) OUTGOING QUIET LEADER FOLLOWER

Do you have any physical disabilities or chronic illnesses that might limit your participation in three full days of Tres Dias (i.e. diabetes, cardiac conditions, depression, severe allergies, and vision problems) do you take any prescription medications? If so please describe_____

Emergency Contact Information: _____
Special Diet- if so please describe: _____

Cost for the weekend is _____ (please let your sponsor know if you need assistance?)

Please explain in a few words why you want to attend Tres Dias and what you hope to gain_____
_____

Sponsors name: _____Applicants Signature_____

There are limited openings for each weekend. You will be notified of your status before the weekend requested.

Clergy I am aware that this applicant intends to make a Tres Dias weekend. If I have any questions I will contact the sponsor: **Clergy signature**_____
Church/location phone

Note: Tres Dias is not trying to proselytize anyone. It is to inform you that this person may attend a Tres Dias Weekend.
(Please note there is a Clergy Form to be filled out by the Clergy or an Elder of your church.)