

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: _____
 ZIP CODE: _____ HOME PHONE: _____ CELL PHONE: _____
 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 or require a special diet? 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.)