



APPLICATION FOR VERMONT TRES DIAS

Tres Dias is a full three-day experience which utilizes modern group techniques to bring the candidate into renewed relationship with fellow Christians, the Church, and Christ. It can be physically and emotionally tiring. If you have physical infirmities or an emotional problem for which you are now having treatment, Tres Dias may not be for you. Please consider this carefully before filling out and submitting the 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 THE SHEET.

PLEASE PRINT.

Today's Date _____ Requested Tres Dias Weekend Date _____

NAME _____
(last) (first) (middle) (nickname/preferred name)

ADDRESS _____
(area) (telephone no.)

CITY _____ STATE _____ ZIP _____

YOUR AGE _____ MARITAL STATUS _____ NO. OF CHILDREN _____

if MARRIED, has spouse attended a Tres Dias or equivalent weekend? Yes No

if has not attended, has spouse submitted an application? Yes No

if attended, WHERE? _____ WHEN? _____ SPOUSE'S NAME _____

DENOMINATIONAL AFFILIATION _____ CONGREGATION ATTENDING _____

OCCUPATION _____ HIGHEST EDUCATION LEVEL _____

HOBBIES OR STRONG INTERESTS (include musical talents)

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, depression, hearing problem, vision problem)?

if so please describe

Special diet and/or medication? Describe _____

****Please try to indicate in a brief, frank statement on the back of this sheet why you wish to participate in Tres Dias, and what you expect to gain from it.**

I wish to apply for Tres Dias _____

(applicant's signature)

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

A Registration fee of \$15 is needed to accompany this application and may be deducted by the applicant from any free-will offering towards the costs of the weekend.

SPONSOR

After careful thought and prayerful consideration, I commit myself to support this applicant BEFORE, DURING and AFTER the weekend.

(Sponsor's name) (Sponsor's weekend . . . where and when)

(Sponsor's address) (area) (telephone no.)

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 address) (zip) (area) (telephone no.)

Why do I wish to participate in the weekend:

All meals are served **Family Style**

Do you have any dietary needs:

Lactose intolerant

Diabetic

Food Allergies _____

Glucose problems

Vegetarian

Vegan (No Dairy or Egg)

Other explanations: