

Central Texas Tres Dias Application

Name _____

Street _____ Suite or Apt _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Email _____

Date of Birth _____ Your Age _____ Marital Status _____

If Married has spouse attended a Tres Dias or equivalent weekend? Yes No

If answer above is "No" has spouse submitted an application for Tres Dias? Yes No

If spouse attended a weekend, Where? _____ When? _____

Spouse's Name _____
(last) (first) (mi)

Church Attending _____ City _____

Do you smoke? Yes No

Do you have any special needs (bottom bunk, mobility issues, special diet or medications)? Yes No

If yes, please describe _____

Are you a Christian? Yes No

Has your sponsor reviewed the Tres Dias Statement of Belief with you? Yes No

Are you a member of the clergy? If yes, Ministry name _____

Emergency Contact (someone not living with you) _____
(Name) (Phone)

I am making application to attend Central Texas Tres Dias: _____

(Applicant's Signature)

Note: Husbands and wives please use separate forms.

Sponsor: After careful thought & prayerful consideration, I commit myself to support this applicant BEFORE, DURING, & AFTER the weekend

(Sponsor's Name) _____ (Sponsor's signature) _____

(street, city, state, zip) _____ (Sponsor's email) _____

(Sponsor's Phone) _____ (Work) _____ (Cell) _____ (Weekend Attended/Community) _____

Return completed forms to your sponsor. Or mail to the address below:

Kevin and Carol Wilson
1319 Fall Creek Loop
Cedar Park, TX 78613

PLEASE SUBMIT A \$25.00 DEPOSIT WITH THIS APPLICATION
TOTAL WEEKEND FEE: \$150.00 (Subtract Deposit If Applicable)
(Please makes checks to payable to "Central Texas Tres Dias"). Pay online @
<http://www.centraltexasdresdias.com/CandidatePayments.html>

For questions please call 512-560-8352 or email preweekend@centraltexasdresdias.org.