

Application for Long Island Tres Dias

All information provided will be kept in the strictest confidence. It is solicited only to help us plan the weekend to serve you better. If additional space is required, use additional paper. **PLEASE PRINT.**

Today's date: _____ Requested Tres Dias date: _____

Name: Last _____, First _____, MI _____, Nickname _____

Address: Street _____, City _____, State _____, Zip _____

Telephone # () _____, Email _____

Occupation: _____ Education: _____

Marriatal Status: _____, Age: _____, Number of children: _____

Church Affiliation: _____

Has your spouse made a Tres Dias, Walk to Emmaus, or other Cursillo-based weekend? If so, please tell us where and when: _____

Have you made a previous Tres Dias, Walk to Enunaus, or other Cursillo-based weekend? If so, please tell us where and when: _____

Activities in which you are or have been involved, such as types of volunteer organisations, clubs, societies, church work: _____

Hobbies or strong interests: _____

What musical instrument do you play? _____

Do you smoke? Y N (There will be a designated smoking area.)

Do you consider yourself to be: (check as many as apply to you)

a leader? _____ a follower _____ outgoing? _____ quiet? _____

Medical and Diet Information (use additional paper if needed)

Have you or are you now being treated for diabetes, cardiac, or pulmonary problems, an emotional or nervous condition? If so, please explain briefly: _____

Do you take medication on a daily basis that needs to be monitored or regulated? _____

Do you have any special dietary needs? Since we do not prepare meals, please be specific so arrangements can be made to accommodate you: _____

Reverse side must be completed or application will be returned