

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 ALL ITEMS.**

Today's Date: _____

Requested Tres Dias Date: _____

Name: _____
Last Name First Name MI Preferred Nickname (if any)

Address: _____
Street City State Zip

Telephone #: _____, Email: _____

Occupation: _____, Education: _____

Marital Status: _____, Age: _____, # of Children: _____

Church Affiliation: _____

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

Has your spouse made a Tres Dias, Walk to Emmaus, 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 organizations, clubs, societies, church work: _____

Hobbies or strong interests: _____

What musical instrument(s) 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)

These questions will help us help you get the most out of the weekend.

Have you or are you now being treated for diabetes, cardiac, or pulmonary problems, an emotional or nervous condition? Are you hard of hearing or have low vision? 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

