

# 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**

