

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 another Cursillo-based weekend? If so, please tell us where and when: _____

Has your spouse made a Tres Dias, Walk to Emmaus, or another 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

THIS SIDE MUST BE COMPLETED

Use additional paper if needed

APPLICANT'S STATEMENT: Please indicate in a brief and honest statement, why you wish to participate in a Tres Dias weekend, and what you expect to gain.

Applicant's Signature: _____

Date: _____

SPONSOR'S INFORMATION

SPONSOR'S STATEMENT: How long have you known the applicant and what are your reasons for sponsoring him/her?

Payment Method (Please Circle all that apply): Candidate Sponsor Scholarship

Guide to Sponsoring a Candidate: My signature indicates that I have read & understand MY responsibilities as a sponsor.

Sponsor's Signature: _____

Date: _____

PLEASE PRINT:

Name: _____

Address: _____
Street City State Zip

Phone #: _____

Sponsor's original weekend #: _____ (Please indicate if other than Long Island Tres Dias)

Date of Weekend: _____ Location: _____

Mail applications to Mike LaMagna, 34 Anderson Avenue, North Babylon, NY 11703, phone # 631-639-5654

Please submit a check for \$375 made payable to: LITD. Mail the check and application to Mike LaMagna.

PLEASE DO NOT STAPLE THE CHECK TO THE APPLICATION

Rev. 05/2022 previous forms are superseded by this one.