

# 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: \_\_\_\_\_

Please be reminded that this weekend is designed to separate us from the day-to-day cares of this world. We therefore ask that you refrain from using electronic devices (cell phones) for your benefit and for the benefit of others. +

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**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 \$425 made payable to: LITD. Mail the check and application to Mike LaMagna.

**PLEASE DO NOT STAPLE THE CHECK TO THE APPLICATION**

Rev. 07/2023 previous forms are superseded by this one.