

## Tres Dias Northern New Jersey Candidate Application

Gender: M ( <input type="checkbox"/> ) F ( <input type="checkbox"/> )	Requested Tres Dias NNJ Weekend:
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Last Name:	
First Name:	
Name as you wish it to appear on your Name Tag:	
Mailing Address:	
City, State, Zip Code	

Telephone:		Email Address:	
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Your Age: <i>(The minimum age to attend is 21)</i>	21 – 34 ( <input type="checkbox"/> )	35 – 49 ( <input type="checkbox"/> )	50 – 64 ( <input type="checkbox"/> )	65-plus ( <input type="checkbox"/> )
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Marital Status:	Married ( <input type="checkbox"/> )	Single ( <input type="checkbox"/> )	Widowed ( <input type="checkbox"/> )	Separated ( <input type="checkbox"/> )	Divorced ( <input type="checkbox"/> )
If married, has your spouse attended a Tres Dias or equivalent weekend?			Yes ( <input type="checkbox"/> )	No ( <input type="checkbox"/> )	
If not, has your spouse submitted an application for the next weekend?			Yes ( <input type="checkbox"/> )	No ( <input type="checkbox"/> )	

Church you are presently attending. Please note its denomination.		
Denomination:		
Hobbies/Interests		

Are you:	Outgoing ( <input type="checkbox"/> )	Quiet ( <input type="checkbox"/> )	Leader ( <input type="checkbox"/> )	Follower ( <input type="checkbox"/> )
(Please check all that apply)				

Do you have any physical disability and/or chronic illness that may have an impact on your participation in Tres Dias (e.g., diabetes, cardiac, depression, hearing/visual problems, dietary needs):	Yes ( <input type="checkbox"/> )	No ( <input type="checkbox"/> )
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If Yes, please describe:	
Dietary Requirements:	
Emergency Contact	

**Candidate Application - Continued**

Tres Dias is a full three-day experience that utilizes modern group techniques to bring candidates into a renewed relationship with Christ, fellow Christians and the Church. It can be physically and emotionally tiring. If you have physical infirmities or an emotional problem that would prohibit your full participation, Tres Dias may not be for you. You should discuss this with your sponsor. All information requested is considered confidential and is used only to enhance your participation during the Weekend.

Please try to indicate in a brief, frank statement: why do you want to participate in a Tres Dias weekend, and what do you expect to gain from it?

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<b>Applicant's Signature:</b>	
<b>Sponsor's Name:</b>	

*You will be sent additional information regarding the weekend approximately 2-3 weeks before the scheduled weekend date, depending on when your application is received.*

**Clergy Section:** *(Please allow your pastor to comment before submitting your application)*

**I am aware that this applicant intends to attend a Tres Dias weekend. If I have any questions, I will contact the sponsor:**

<b>Name:</b>		<b>Date:</b>	
<b>Signature:</b>			
<b>Church:</b>			
<b>Telephone:</b>			

As of Sept 2017, the Cost of the weekend is \$300. In order to keep our treasury sound, we ask that you include as much of the cost as you can with your application. This will also reserve your spot on the weekend. The full cost of the weekend should be paid no later than two weeks before the weekend. Your check can be made payable to Tres Dias of Northern New Jersey.