Central Connecticut
Tres Dias

Weekend Application

Tres Dias is a three-day Christian renewal experience. The weekend activities can be physically and emotionally tiring; please consider this carefully and if you have any concerns, please discuss them with your sponsor before submitting this application. Please also read the Statement of Belief on the back of this form.

The following information is solicited only to help us plan the weekend to serve you better and will only be used within the Tres Dias organization.

PLEASE PRINT:

Today's Date _____ **Requested Tres Dias Weekend Date** _____

Name_____ _____
Last, First, Middle Initial (Please Print Clearly) Preferred Name

Address: _____

City/Town: _____ **State:** _____**Zip Code:** _____

Telephone: (including area code) _____ **D.O.B:** _____

Your E-mail Address: _____

Occupation: _____ **Marital Status:** _____ **No. of Children** _____

Education: _____**Church** _____

Church Address: _____**State/Zip:** _____

If married, has your spouse attended a Tres Dias or Cursillo? _____**yes** _____**no**

When/Where did they make their weekend: _____

Activities in which you are or have been involved, such as church work, scouting, volunteer work, political organizations:

_____ _____

_____ _____

Hobbies or Strong Interest: _____

Are you: (circle one) Outgoing? Quiet? Leader? Follower? **(Over)**

Please indicate in a brief statement why you wish to participate in Tres Dias and what you expect to gain from it:

_____

_____

_____

_____

_____

_____

Applicant's Signature: _____

Minister: I am aware that the applicant intends to make a Tres Dias weekend and I will call the sponsor if I have any questions.

_____ _____

Minister Telephone

Tres Dias Statement of Belief

1. We believe and profess our faith in one Triune God – The Father, The Son and The Holy Spirit. (Matthew 28:19)
2. We believe and profess that Jesus Christ is the only Savior and is God in the flesh. (John 1:1, 1:14, 3:36,14:6 & Hebrews 2:17)
3. We believe and profess that The Holy Spirit is God and is the Lord and Giver of life, who continues to work in believers today to sanctify, edify and empower the whole Christian church on earth---for His purpose. (Job 33:4, Acts 1:8, John 14:25 & Romans 8:11)
4. We believe and profess that the Holy Scriptures are the inspired and completely true Word of God. (11 Timothy 3:16-17)
5. We believe and profess that all have sinned and fallen short of the glory of God; that forgiveness of sins is received through confession and repentance –and that our sins are washed away through the blood of Jesus Christ. (Acts 2:38, 1 John 1:9 & Romans 3:23)
6. We believe and profess that salvation is a gift of God's grace received through personal faith in Jesus Christ. (Ephesians 2:8)
7. We believe and profess that the Body of Christ is to make every effort to keep the unity of the Spirit through the bond of peace until we all reach unity in the faith and in the knowledge of the Son of God. (Ephesians 4:3,13)
8. We believe and profess that God's unconditional love, as made manifest to us through Jesus Christ, is the primary witness by which people are renewed, edified and changed. (1 Corinthians 13:8)
9. We believe and profess that God has called us to live holy lives that will bring glory to His name (Colossians 3:1-25)

Please return the completed application to your sponsor.

The expense of the weekend is $390. Your donation should be given to your sponsor four weeks prior the weekend. Please contact your sponsor if you are having problems donating for the weekend. Checks should be made out to CCTD.

SPONSOR: PLEASE COMPLETE AND SUBMIT A SPONOSR'S FORM WITH THIS APPLICATION AND MEDICAL FORM

C.C.T.D Medical Form

Name: _____

Physical Challenges and/ or Chronic Conditions: (such as visual, hearing impairment, use of wheelchair or cane, diabetes, etc.)

BE SPECIFIC _____

_____

Special Accommodations?

_____

Special Diet: _____**yes** _____**no**

If yes specify: _____

Food Allergies: _____

_____

Other Allergies: _____

Special Medications: _____**yes** _____**no**

If yes list medications: (may attach printed list on reverse side)

_____ _____

_____ _____

_____ _____

Emergency contact: _____ **Telephone:** _____

Doctor's Name: _____ **Telephone:** _____