



Indy Tres Dias

indytresdias.com

Candidate Application

Today's Date: _____

PLEASE PRINT CLEARLY

Are you a Pastor/Associate Pastor? YES NO

Your Name: _____ Phone: _____

Address: _____ City: _____

State/Zip: _____ Gender: _____ Birthdate: _____

Email Address: _____ T-shirt Size: _____

Marital Status: _____ Spouses Name: _____

If married, has your spouse attended a Tres Dias or similar weekend? YES NO

Do you have any health concerns, physical concerns, or special equipment (cpap machine, etc)?
YES NO If yes, please explain:

Are you on a doctor prescribed diet (diabetes, allergies, etc)? YES NO If yes, please explain:

Are you on any special medication where timing is critical? YES NO If yes, please explain:

Church: _____ Pastor's Name: _____

How long have you been a follower of Jesus Christ? _____

What do you hope to gain from Tres Dias? _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Space is limited; filling out this application is not a guarantee of attendance for this Tres Dias Weekend.

I have, and do hereby, release the Retreat Center, Indy Tres Dias, its directors, and/or agents from all liability associated with participating in Indy Tres Dias.

Your Signature: _____ Date: _____

Please return this form to your sponsor: Sponsor Name: _____

Tres Dias Use Only	Cash or check #	Cash or check #
Date Received _____	Deposit Pd _____	Pd in Full _____