

East Texas Tres Dias

Name _____ Preferred Name _____

Address: _____ Suite or Apt _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Male _____ Female _____

Date of Birth _____ Your Age _____ Marital Status _____

If Married has spouse attended a Tres Dias or equivalent weekend? Yes _____ If No _____

answer above is "No" has spouse submitted an application for Tres Dias? Yes _____ No _____

If spouse attended a weekend, Where? _____ When? _____

Spouse's Name _____

Church Attending _____

Do you smoke? Yes _____ No _____ T-shirt size (if offered) _____

Any special needs (Physical needs, chronic illness, special diet or medications, pregnant)? Yes _____ No _____

If yes, please describe _____

I am making application to attend East Texas Tres Dias: # _____

Applicant Signature

Sponsor: After careful thought and prayerful consideration, I commit myself to support this applicant BEFORE, DURING and AFTER the weekend

Sponsor's Name _____ Sponsor's signature _____

Sponsor's Email Address: _____

Address, City, State, Zip _____ Phone number _____

Mail to: East Texas Tres Dias
P.O. Box 460
Grapeland, Texas 75844

PLEASE SUBMIT A \$25.00 DEPOSIT WITH THIS APPLICATION

TOTAL WEEKEND FEE: \$165.00 (Subtract Deposit)

[Please make checks payable to East Texas Tres Dias or ETTD 3/14