
Candidate Application for Dusty Trails Tres Dias

This section is to be completed by the Candidate

T-Shirt Size _____

Name _____ Preferred or Nickname _____
(last) (first) (mi)

Street _____ Suite or Apt _____

City _____ State _____ Zip _____

Home/Cell Phone _____ Work Phone _____

Email _____

Date of Birth _____ Your Age _____ Marital Status _____

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

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

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

Spouse's Name _____
(last) (first) (mi)

Church Attending _____ City _____

Do you smoke? Yes No Do you have any special needs? Yes No

If yes, please describe _____

I am turning in application to attend Dusty Trails Tres Dias _____

(applicant's signature)

Attn: Dusty Trails Tres Dias
130 CR 334
Rockdale, TX 76567

Email: rtehg@milanoisd.net Phone: 979979-224-6012

Sponsor Email: _____

**PLEASE SUBMIT A \$50.00 DEPOSIT WITH THIS APPLICATION
TOTAL WEEKEND FEE: \$170.00 (Subtract deposit if applicable)
(Please make checks payable to Dusty Trails Tres Dias or DTTD)**