



East Texas Tres Dias

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

Address: _____ Suite or Apt _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email _____
(if available)

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

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

If yes, please describe _____

I am making application to attend

East Texas Tres Dias: # _____
(Applicant's Signature)

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

(Sponsors Name) (Sponsors signature)

Sponsor's Email Address: _____

(street, city, state, zip) (area code) (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: \$150.00 (Subtract Deposit If Applicable)
(Please makes checks to payable to East Texas Tres Dias or ETTD)