

TRES ARROYOS CANDIDATE APPLICATION

Name _____

Name you prefer to be called by: _____

Birth Date: (M/D/Y) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: (____) _____ Cell Phone#: (____) _____

Email Address: (please print clearly) _____

Single Married Divorced Widowed Number of Children at home: _____

Spouse: _____ Spouse's Work or cell #:(____) _____

Occupation: _____ Present Church attending _____

List any church responsibilities: _____

Name and phone # of family member (not spouse). If no close family members, then a close friend.

_____	/(____)
Name	Phone #

Please note any special **medical** diet you may require during the Weekend (especially food to which you may be allergic)

Please note any physical limitations you have: _____

Are there any medical conditions or medications of which we need to be aware. If so, what are they?

SPONSOR'S NAME: _____

Attended which type of week-end and year _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (Very important) _____ Email: _____

Church Attending: _____ Are you grouping? Y N

Have you fully explained the Cursillo-type week-end program to your candidate? Y N

Will you be responsible for transportation and palanca for your candidate Y N

Please give any additional information which would be helpful regarding your candidate (including sleep arrangements, e.g., top bunk, and food or other allergies): _____

Sponsors Signature: _____ Date: _____

PASTOR'S APPROVAL _____ Date: _____

Church _____ Pastor's Signature: _____

Please snail mail application to: Tres Arroyos, 323 N. Blue Lake Terrace, DeLand, FL 32724