

## NEW HAMPSHIRE TRES DIAS APPLICATION (Modified for Pastor's Special Event)

Welcome! TRES DIAS is a concentrated three -day religious experience which your sponsor believes will add a new richness to your walk and service with Jesus Christ, and further enlighten your participation in your church. The experience of THREE DAYS in the presence of Christian brothers/sisters has changed the lives of many in New Hampshire. We encourage you to accept the invitation of your sponsor and join us in a marvelous walk with Christ. A leadership team of lay men/women and one or two ministers will accompany you and guide you as you experience the power of Jesus Christ. The hope is that we may all be better equipped to serve the Lord Jesus Christ. This experience can be physically and emotionally tiring and may require a significant amount of your energy. If you feel you have emotional or physical considerations that might limit your participation at this time, you may wish to delay your application to a more convenient time.

All information requested is strictly voluntary on your part, and is to help us serve you better.

### Please print your responses.

Today's Date \_\_\_\_\_ Tres Dias Pastor Workshop Date: \_\_\_\_\_

Name (Last, First, \_\_\_\_\_ Nickname \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_ Number of Children \_\_\_\_\_  
If married, has spouse made Tres -Dias? \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_

Occupation \_\_\_\_\_ Education \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Local Church \_\_\_\_\_

Activities in which you are involved (religious, social, associations, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies or strong interests (include musical talents) \_\_\_\_\_  
\_\_\_\_\_

Do you have any disabilities or physical/emotional illnesses that might interfere with your participation in the full three days of Tres Dias, i.e., cardiac, diabetes, depression, etc.?

If so, please specify:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any special dietary needs of which we should be aware, or any hearing or vision considerations that we should know about for your comfortable participation? \_\_\_\_\_

If yes, please specify so that we may be as helpful as possible  
\_\_\_\_\_  
\_\_\_\_\_

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### Please send this completed application to:

Dennis Traynor - 139 Mayflower Dr -Manchester, NH 03104 (603) 669-7090

**We have 24 openings for this special event, and encourage you to send application in early.**