



# Heart of Texas Tres Dias

## Weekend # \_\_\_\_\_

To register for a weekend, this form must be completed in full and must be submitted along with the nonrefundable deposit (\$25) or the full amount (\$150) to the Pre-Weekend Couple. An email confirmation will be sent to the sponsor and applicant when both the application and deposit have been received by the Pre-Weekend Couple. Please make checks payable to: **Heart of Texas Tres Dias.**

Name: \_\_\_\_\_ Pref. Nickname: \_\_\_\_\_ Check One:  Male  Female

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Married Status: \_\_\_\_\_ If married, spouse's name: \_\_\_\_\_

*(Note: For married couples, the husband must attend a Tres Dias or equivalent weekend prior to the wife attending unless otherwise approved by the HTTD President and the HTTD Community Spiritual Director.)*

If married or engaged, has spouse/fiancé attended a Tres Dias or equivalent weekend?  Yes  No  
 Submitted for upcoming weekend

If spouse/fiancé has attended a weekend, where and when? \_\_\_\_\_

Are you a Christian? \_\_\_\_\_ Are you a member of the clergy? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Church Attending: \_\_\_\_\_ City: \_\_\_\_\_

Do you have any special needs? (i.e. wheelchair accessibility, chronic illness, special diet, allergies, sleeping arrangements or medications): \_\_\_\_\_

\* If so, please explain: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor: By signing below, I acknowledge that I have given sponsorship of this applicant full consideration and have prayed for this applicant. I commit myself to support him or her before, during, and after the weekend. I have reviewed the information on this application, and verify that any known medical condition or special requirement related to diet, sleeping arrangements, mobility, or any other special requests or needs have been discussed with the candidate and have been indicated on this form.

Sponsor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Sponsor Email: \_\_\_\_\_ 3-Day Weekend Attended: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: Please make checks payable to Heart of Texas Tres Dias. Payments may also be made online at any time at:*

<http://heartoftexastresdias.com/applications-payments>

**NOTE: The total weekend fee of \$150 is due prior to the start of the weekend itself. Balance payments may be made at time of check in.**

For questions regarding this HTTD application, please contact **Mike and Stacy Rushing**

[register.HTTD@gmail.com](mailto:register.HTTD@gmail.com)

Please mail completed application & fees to:  
Mike & Stacy Rushing 812 Bent Wood Lane, Cleburne, TX 76033

HTTD Cand. App. Rev. 2018-07-25