



# CENTRAL SAVANNAH RIVER AREA TRES DIAS Team Application Form

NAME \_\_\_\_\_ CHURCH \_\_\_\_\_ GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ BUSINESS PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ WHICH WEEKEND DO YOU WANT TO SERVE ON (Number) \_\_\_\_\_

ANY SPECIAL TALENTS \_\_\_\_\_

WHAT MINISTRY/ WORK ARE YOU DOING IN YOUR LOCAL CHURCH? \_\_\_\_\_

NAME, DATE, AND LOCATION OF YOUR TRES DIAS, EMMAUS WALK, HAPPENING, CURSILLO \_\_\_\_\_

ARE YOU AVAILABLE FOR SET-UP ON THE WEDNESDAY BEFORE THE WEEKEND BEGINS? \_\_\_\_\_

ARE YOU AVAILABLE FOR TAKE DOWN ON THE MONDAY AFTER THE WOMEN'S WEEKEND? \_\_\_\_\_

**PAST TEAM EXPERIENCE: (This is very important to the Team Selection Committee) POSITIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU GIVEN A TALK? WHICH ONE (S) \_\_\_\_\_

**(The information below is important because of the necessity to buy food, cabin bunk assignments etc.)**

DO YOU HAVE: SPECIAL DIET ? [ ] YES [ ] NO IF YES, EXPLAIN:

MEDICATION? [ ] YES [ ] NO IF YES, EXPLAIN:

LIMITING PHYSICAL CONDITION? [ ] YES [ ] NO IF YES, EXPLAIN:

Ex: Do you have a medical condition that precludes your use of an upper bunk or walking more than several hundred yards?

ANY SPECIAL HEALTH CONDITIONS THAT MAY IMPACT WHERE YOU ARE PLACED TO SERVE \_\_\_\_\_

**I UNDERSTAND THAT THE TEAM SELECTION COMMITTEE AND THE RECTOR OF THE WEEKEND WILL SELECT THE TEAM MEMBERS PRAYERFULLY FROM ALL OF THE APPLICATIONS RECEIVED. I FURTHER UNDERSTAND THAT, IF SELECTED TO SERVE ON THE TEAM, I AM COMMITTING TO ATTENDING 75% OF THE TEAM MEETINGS AND ALL OF THE WEEKEND. THIS COMMITMENT BEGINS WITH TEAM MEETINGS AND CONCLUDES AT THE VICTORY LUNCHEON. COST FOR THE WEEKEND IS \$85 AND THE TEAM FEE IS \$20 DUE AT THE FIRST TEAM MEETING.**

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