

Candidate Application

Note: Husband and wife, please use the same application form.

Warning - Failure to READ & Follow these instructions may lead to your form not getting to the correct people for processing on time.

In an effort to insure the accuracy of your application and to cut costs, we are no longer accepting paper applications.

Save this form to your computer NOW! - Using the "Save Button" on your browser (different browsers do it differently). **DO NOT ATTEMPT TO COMPLETE THIS FORM ONLINE!** After you save this form to your local PC - CLOSE the form from within your Internet Browser. **Go to where you saved this form and open in ADOBE READER ONLY- any version-and complete the form. You may have to right click on the saved file and select open with Adobe Reader or Acrobat. If you do not see the option to open with Adobe Reader listed then you will have to download and install Adobe Reader.** After completing the form from within Adobe, save by clicking "File" then "Save" (Top left side) and then email as attachment to candidateapp.cgtd@gmail.com. If you have and questions, problems or issues, please call Kandi Duffy **478-447-8650** for assistance.

Male Applicant			Female Applicant	
		First Name		
		Last Name		
		Preferred Name		
Yes	No	Are you a Pastor/Associate Pastor?	Yes	No
Yes	No	Are you a full-time Vocational Minister?	Yes	No
Yes	No	Are you married?	Yes	No
Yes	No	If married, has your spouse been to a Tres Dias/Emmaus/Curillo weekend?	Yes	No
		Cell Phone Number		
		Home Phone Number		
		Email Address		
		Date of Birth		
		Mailing Address		
		City, State, Zip		
		Church You Attend		
		T-Shirt Size		
		Medical Restrictions*		
		Dietary Restrictions*		
		Sponsor's Name		

*We only ask for this information so that we may better meet your needs. There will be a designated person to handle your meds if necessary. Accommodations will be made for dietary needs only if they are for medical reasons. **Please Note:** Prescriptions for medical THD/marijuana are not allowed on the campground. ALL prescription medication must be in its original package and may NOT be shared with any other parties. **Please Note:** No firearms are allowed on the campground.

ATTN: There is a \$100 fee per person for each weekend.

Checks should be made payable to Central Georgia Tres Dias (CGTD) and mailed to P.O. Box 7254, Warner Robins, GA 31095

You may also pay by credit card online by clicking the Buy Now Button on the <http://www.cgtd.org/new-candidates.html> page.

If you do not already have a PayPal account you will be prompted to create one.

After your application is processed, you will receive a confirmation email, or letter (if no email address was provided).

Please sign below with your electronic signature and save the file. Thank you for your interest in Tres Dias! We look forward to meeting you.

Check here if you need assistance with the cost of the weekend.... The Pre-weekend couple will contact you to discuss options.

I have, and do hereby, release Central Georgia Tres Dias, its directors, and/or agents from all liability associated with participating in Central Georgia Tres Dias.

Male Applicant Signature

Female Applicant Signature

Acknowledgement Form

The novel coronavirus, COVID-19, as with the seasonal flu and other transmittable diseases, is considered highly contagious and is known to spread mainly from person-to-person contact. By participating in the Tres Dias Weekend, its related activities, and other Tres Dias gatherings, I agree that I have reviewed and agree to abide by the procedures established by Central Georgia Tres Dias to protect attendees and participants, and I voluntarily assume the risk that I may be exposed to, or infected by COVID-19, or any other contagious disease, either on the weekend or any other related activities. I agree to assume all the risks of attendance and participation for myself and waive any liability against Central Georgia Tres Dias and any other involved parties.

Print Name: _____

Signature: _____

Date: _____