

Tres Arroyos Candidate Application

Name: _____

Name you prefer to be called by: _____ Birth Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Home/Cell (please circle one)

Email Address: (please print clearly) _____

Single Married Divorced Widowed Number of Children at home: _____

Occupation: _____ Present Church attending: _____

Spouse Name: _____ Phone #: (____) _____ H/C

List any church responsibilities: _____

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

Name Phone #

Do you have any special needs of which we need to be aware?

*Sleeping: _____

*Dietary: (Medically Required) _____

*Physical Restrictions: _____

SPONSOR'S NAME: _____

Attended which type of week-end and year _____

Home Address: _____

City: _____ State: _____ Zip: _____

***Phone: _____ Email: _____

Church Attending: _____ Are you grouping? Yes/No

1. Have you fully explained the Cursillo-type week-end program to your candidate? Yes/No

2. Will you be responsible for transportation and palanca for your candidate? Yes/No

Please give any additional information which would be helpful regarding your candidate: _____

Sponsors Signature: _____ Date: _____

PASTOR'S APPROVAL: _____ Date: _____

Church: _____ Phone # _____

**Please mail application to:
Tres Arroyos, 325 N. Blue Lake Terrace, DeLand, FL 32724
Or email application to info@tresarroyoscec.com**