ALTD USE: check # and amount Cash Paid By



## Participant Registration Retreat Fee \$175.00

www.abundantlifetresdias.org

Please check which weekend you are rMEN'S WEEKEND #	Date of Retreat
WOMEN'S WEEKEND #	
1. PERSONAL INFORMATION:	
Name (as you would like it on nametag)	
Address	CityStateZip
Phone # ( )	
E-mail address	DOB//
Employer	
Occupation	
Occupation	
	Spouse's name (if applicable):
Marital Status (circle) <b>S</b> , <b>M</b> , <b>D</b> , <b>Sep</b> , <b>W</b>	Spouse's name (if applicable):
Marital Status (circle) <b>S</b> , <b>M</b> , <b>D</b> , <b>Sep</b> , <b>W</b> If married, is your spouse registering at the It is the policy of Abundant Life Tres Dias	Spouse's name (if applicable):nis time? YesNo to strongly encourage that both husband and wife attend the
If married, is your spouse registering at the	Spouse's name (if applicable):nis time? YesNo to strongly encourage that both husband and wife attend the egistrations be submitted together.
Marital Status (circle) <b>S</b> , <b>M</b> , <b>D</b> , <b>Sep</b> , <b>W</b> If married, is your spouse registering at the lt is the policy of Abundant Life Tres Dias same numbered weekend and that both research are about yourself, family, hobbies, etc.	Spouse's name (if applicable):nis time? YesNo to strongly encourage that both husband and wife attend the egistrations be submitted together.
Marital Status (circle) <b>S</b> , <b>M</b> , <b>D</b> , <b>Sep</b> , <b>W</b> If married, is your spouse registering at the lt is the policy of Abundant Life Tres Dias same numbered weekend and that both research are same numbered weekend and that both research are spoused by the same numbers.  Tell us about yourself, family, hobbies, etc	Spouse's name (if applicable):nis time? YesNo to strongly encourage that both husband and wife attend the egistrations be submitted together.
Marital Status (circle) <b>S</b> , <b>M</b> , <b>D</b> , <b>Sep</b> , <b>W</b> If married, is your spouse registering at the  It is the policy of Abundant Life Tres Dias  same numbered weekend and that both research  Tell us about yourself, family, hobbies, etc.  Any Medications  Any Special Diet	Spouse's name (if applicable):nis time? YesNo to strongly encourage that both husband and wife attend the egistrations be submitted together.
Marital Status (circle) S, M, D, Sep, W  If married, is your spouse registering at the It is the policy of Abundant Life Tres Dias same numbered weekend and that both research are spoused by the same in the same number of the same in the same in the same number of the same in the s	Spouse's name (if applicable):nis time? YesNo to strongly encourage that both husband and wife attend the egistrations be submitted together.

*** EMERGENCY CONTACT:	Phone (	)

2. <u>CHURCH INFORMATION</u> :						
Church name						
Church address, city, state, zip						
Church Phone ( )Denomination						
Church involvement (list activities)						
ABUNDANT LIFE TRES DIAS PURPOSE AND STATEMENT OF BELIEF						
The purpose of a Tres Dias Weekend is to bring Christians to a closer, more personal walk with their Lord, Jesus Christ and encourage them to Christian leadership and Apostolic Action in their environment.						
The Abundant Life Tres Dias statement of beliefs explains our allegiance to the Savior, our dedication to the work of His Kingdom, and our stand for the truth.						
<ul> <li>We believe and profess</li> <li>A. Our faith in one Triune God - The Father, The Son, and The Holy Spirit. (Matthew 28:19)</li> <li>B. That Jesus Christ is the only Savior, and is God in the flesh. (John 1:1, 1:14, 14:6, Hebrews 2:17)</li> <li>C. That the Holy Spirit is God, and is The Lord and Giver of Life, who continues to work today in believers to sanctify, edify, and empower the whole Christian church on earth for His purposes. (Acts 1:18, John 14:26, Romans 8:11, and Job 33:4)</li> <li>D. That the Holy Scriptures are the inspired and completely true Word of God. (II Timothy 3:16-17)</li> <li>E. That all have sinned and fallen short of the glory of God, that forgiveness of sins is received through confession and repentance, and that our sins are washed away through the blood of Jesus Christ. (Romans 3:23, Acts 2:38, I John 1:9)</li> <li>F. That salvation is a gift of God's grace received through the personal faith in Jesus Christ. (Ephesians 2:8)</li> <li>G. That the Body of Christ is to make every effort to keep the unity of the Spirit through the bond of peace until we reach unity in the faith and in the knowledge of the Son of God. (Ephesians 4:3, 4:13)</li> <li>H. That God's unconditional love, as made manifest to us through Jesus Christ, is the primary witness by which people are renewed, edified, and changed. (I Corinthians 13:8)</li> <li>I. That God has called us to live holy lives that will bring glory to His name. (Colossians 3:1-25)</li> </ul>						
<ul> <li>3. STATEMENT AND SIGNATURE: <ul> <li>A. MY SPONSOR HAS CLEARLY EXPLAINED TO ME THE PURPOSE OF A TRES DIAS WEEKEND.</li> <li>B. I HAVE READ AND UNDERSTAND THE ALTD STATEMENT OF BELIEFS AND PURPOSE AS STATED ON THIS APPLICATION.</li> <li>C. TO FULLY PARTICIPATE IN THE 3 DAYS, I WILL CLEAR MY PERSONAL AND PROFESSIONAL CALENDAR FROM 6:30 PM THURSDAY TO 7:00 PM SUNDAY.</li> </ul> </li> </ul>						
I wish to attend this weekend because:						

\_ Date\_\_

Signature X\_\_\_\_\_

## 4. PASTOR STATEMENT AND SIGNATURE:

\*\*Sponsor: If possible please try to obtain the signature of their pastor.\*\*

As this candidate's pastor, I am aware that the applicant intends to attend a Tres Dias weekend.

If I have any questions I will contact the sponsor.

Pastor signature: <b>X</b>				Date:		
5. <u>SPONSORS INFORM</u>	<u>IATION: (Plea</u>	ase complet	e and print clearly	<u>'</u>		
Name						
Street Address			City	State	Zip	
Phone ( )	E-ma	ail address				
Church name				<u> </u>		
City	State	Your chu	rch involvement			
Attended Tres Dias (or ot	her 4 <sup>th</sup> Day Co	ommunity) W	hen and Where			
Regularly attend reunion	group - when	and where?_				
How long have you know	n this person?					
Related?	ow related?_					
I personally know and have reviewed this form with hi			•			
Respect and honor	the sponsor r	responsibilitie	es set forth by the A	ALTD Secretar	iat	
Escort my participa	nt to the weel	kend				
Give service support	rt during the v	weekend to h	is/her family			
Escort my participa	nt home after	the weekend	d			
I am willing to mento			nore than a weeke In the entire Tres		for one year.	
Sponsor signature <b>X</b>			Dat	e		
		**Dead	lline**			

Pre-weekend chair with payment, prior to midnight, 14 days before the weekend to qualify for consideration.

All registration forms must be in good order and in the hands of the

The weekend fee is \$175. Checks should be made payable to ALTD. \*No refunds after deadline date

Please return this completed form and the nonrefundable payment to:

Lisa Thompson - ALTD Pre-Weekend Chair 5814 Flambeau Ct. Rockford, IL 61114 or email: altdpreweekend@gmail.com