

*MISCELLANEOUS FORMS  
FOR  
HEAD AND ASST. HEAD  
CHAS*

*To be delivered by rector to head and asst. head  
chas at Heads Training Session*

**COMMITMENT SHEET GMTD # \_\_\_\_\_**

NAME: \_\_\_\_\_

1. Explain the commitment you have made to make this Tres Dias a success.
  
2. What do I hope to contribute to this weekend?
  
3. What do *I* hope to gain from this weekend?
  
4. What do *I* consider to be my greatest asset?
  
5. How can the Lord and I use this asset best on Tres Dias ?
  
6. What assets would I like to try to acquire while serving the Lord on this Tres Dias?

Please prayerfully consider your responses, and after completion, seal this form in the envelope provided, and turn it in to the assistant head cha. It will be returned to you, unopened, in your Sunday bag.

# **TEAM INFORMATION SHEET**

***PLEASE PRINT CLEARLY!***

NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_ (Name your friends use)

SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CHURCH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WEEKEND ATTENDED: \_\_\_\_\_ TABLE: \_\_\_\_\_

PRESENT WEEKEND # \_\_\_\_\_ POSITION: \_\_\_\_\_

DO YOU SPEAK SPANISH? \_\_\_\_\_ SING? \_\_\_\_\_

DO YOU OR HAVE YOU EVER LED WORSHIP? \_\_\_\_\_

WHAT INSTRUMENT DO YOU PLAY? \_\_\_\_\_

IF YOU CURRENTLY DO NOT RECEIVE GMTD'S NEWSLETTER, ***PESCADORES PROGRESS***, IN YOUR E-MAIL AND WOULD LIKE TO, JUST ADD YOUR E-MAIL TO OUR MAILING LIST AT [WWW.GMTD.ORG](http://WWW.GMTD.ORG).

***This information will remain confidential and for Tres Dias use only.***

**CANDIDATE INFORMATION SHEET**

**GEORGIA MOUNTAINS TRES DIAS #\_\_\_\_\_**

***PLEASE PRINT CLEARLY!***

NAME: \_\_\_\_\_  
  First  Last

NICKNAME: \_\_\_\_\_ (Name your friends use)

SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CHURCH YOU ATTEND: \_\_\_\_\_

ARE YOU AN ORDAINED MINISTER OR PASTOR? \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DO YOU SPEAK SPANISH? \_\_\_\_\_

DO YOU OR HAVE YOU EVER LED WORSHIP? \_\_\_\_\_

WHAT INSTRUMENT DO YOU PLAY? \_\_\_\_\_

***This information will remain confidential and for Tres Dias use only.***

# CONFIDENTIAL

## APPLICATION FOR WEEKEND TEAM FEE SCHOLARSHIP

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TEAM: GMTD # \_\_\_\_\_

Due to various reasons, team members occasionally need financial assistance meeting the \$130.00 weekend fee. Or, you may be able to only pay part of this fee. Scholarship funds to meet these needs are raised among the other team members. The Secretariat of Georgia Mountains Tres Dias has determined to establish a uniform procedure to response to these needs. We are responsible to the community to determine valid needs and we feel that this is the best way for us to accomplish this. This is all that we are attempting to do. We do not care to know your complete financial circumstances, but we do desire to know your reason for this request.

The first step is to complete this form and give it directly to your Rector, who will forward it to the appropriate member of the Secretariat. All information will be held in the strictest of confidence.

We respect you and love you with the unconditional love of Jesus Christ, and we thank you for your obedience and for your willingness to serve on this weekend.

Amount of Scholarship needed: \$ \_\_\_\_\_

Briefly summarize why financial assistance is needed:

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RECTOR'S SIGNATURE: \_\_\_\_\_

We are sorry that you had to leave the team of Georgia Mountains Tres Dias #\_\_\_\_\_. Please be aware that your weekend fee in the amount of \$130.00 has already been turned in to the Secretariat for deposit.

You have two options available to you:

Option 1 is to allow the Secretariat to use the \$130.00 to cover expenses for the weekend. In doing this, you would be able to use this as a tax deduction on your income tax.

Option 2 is to request a refund from the Secretariat. To do this, please fill out the form below and mail it to the address indicated. This must be done within 30 days of the weekend dates. You will be mailed a check for the amount you paid.

Thank you and God bless you.

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**REQUEST FOR REFUND OF WEEKEND FEE**

Name:

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Address:

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Amount \$

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Reason for Leaving Team:

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Signature of Asst. Head Cha:

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# Georgia Mountains Tres Dias Weekend Fee Report

**GMTD Weekend #** \_\_\_\_\_

**Assistant Head Cha:** \_\_\_\_\_

	<b>Team Member</b>	<b>Amount</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		

**\*\*Make copies as needed and put in envelope ach week with team fees collected.  
\*\*Deliver Team Fees to Treasurer of Secretariat after third, sixth and actual weekend.**

**Date:** \_\_\_\_\_ **Total:\$** \_\_\_\_\_

# **Georgia Mountains Tres Dias Final Team Member Fees Expense Summary**

Rector: \_\_\_\_\_ GMTD Team#: \_\_\_\_\_

1. Total Team Members \_\_\_\_\_

2. Fee per member \$15.00

3. Fees Collected: \$ \_\_\_\_\_

Less Expenses Paid per Area:

Rector: \$ \_\_\_\_\_

Assistant Head: \$ \_\_\_\_\_

Head Cha: \$ \_\_\_\_\_

Chapel: \$ \_\_\_\_\_

Dorm: \$ \_\_\_\_\_

Table: \$ \_\_\_\_\_

Palanca: \$ \_\_\_\_\_

Prayer: \$ \_\_\_\_\_

Kitchen: \$ \_\_\_\_\_

Storeroom: \$ \_\_\_\_\_

Spiritual Directors: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

*Please attach receipts and Individual/Area Expense reports as support for expenditures*

Total Expenditures \$ \_\_\_\_\_

Remaining funds to turn over to Treasurer \$ \_\_\_\_\_

Assistant Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# TEAM WEEKEND FEES FINAL REPORTING FORM (RECONCILIATION)

Georgia Mountains Tres Dias TEAM # \_\_\_\_\_

Rector: \_\_\_\_\_

Rector Advance returned to Secretariat (\$300) \$ \_\_\_\_\_

Total # of Weekend Fees Collected: \_\_\_\_\_ @ \$130/each =  
\$ \_\_\_\_\_

*Total # of Weekend Fees will be team minus rector, rover, support & spiritual directors and may include additional fees left by drop-off members*

Note: fees paid include scholarship amt. of \$ \_\_\_\_\_

Total due for entire weekend \$ \_\_\_\_\_

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

Asst Head Cha: \_\_\_\_\_

Recap: #1 \$ \_\_\_\_\_ Date: \_\_\_\_\_

#2 \$ \_\_\_\_\_ Date: \_\_\_\_\_

#3 \$ \_\_\_\_\_ Date: \_\_\_\_\_

#4 \$ \_\_\_\_\_ Date: \_\_\_\_\_

#5 \$ \_\_\_\_\_ Date: \_\_\_\_\_

#6 \$ \_\_\_\_\_ Date: \_\_\_\_\_

Final Collection \$ \_\_\_\_\_ Date: \_\_\_\_\_

Total \$ \_\_\_\_\_ Should equal final amount due *Assistant*

*Head Cha: Use this form with your final transmittal to the Sec/Treasurer of the Secretariat. Keep a record of each transmittal as you send them weekly. All weekend fees are due by the 5th team meeting. At the end of the team meetings, all team weekend fees and rector advances should be out of your hands.*

**Georgia Mountains Tres Dias  
Expense Summary**

This form is to be used to record all expenses incurred during the team formation and meetings. This would include all expenses reimbursed to the Rector during team formation, including telephone, postage, printing or copying expenses, etc., and any expenses for cups, drinks, food, etc., spent during the team meetings. The funds for this reimbursement will come from the \$15 team fees collected from each team member. This accounting should include all money spent from this fund. Please complete this form, attach receipts, sign, and return to the Asst. Head Cha for the team.

This form is also to be used by Secretariat members for any expenses incurred. Please complete this form, attach receipts, sign and return to the Secretary/Treasurer.

Description and purpose of expense:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL EXPENSES	_____

TEAM NUMBER: \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Personal Medication Record	Georgia Mountains Tres Dias
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My Personal Information		My Allergies
Name		
Street Address		
City/State		
Phone #		
Emergency Contact		My Medical Conditions
Name		
Relationship		
Phone #		
Primary Care Physician		
Name		
Phone #		

What I am Taking	Pill/Shot/Liquid	Dosage	How Much & When
Be sure to include ALL prescription drugs over the counter drugs, vitamins & herbal supplements			
1			
2			
3			
4			
5			
6			
7			
8			
9			

NOTE: This form should be placed in a sealed envelope with your name identified on the outside of envelope, it will be kept securely by the Assistant Head Cha and returned to you sealed in your Sunday bag. **This will ONLY be opened in the event of a medical emergency by appropriate personnel.**



The following forms are to be completed after your Tres Dias Weekend. The information gained through these forms allows the Secretariat to be more fully informed about the inner workings of the weekends. All information that is reported on these forms is to be strictly confidential.

Upon completion of the forms, please return to the Secretariat Treasurer person.

There is a Team Reporting Form that is to be given to each Area Head on Thursday when arriving at the Camp of Colors. The Area Heads will complete the form and return it to the Rector prior to leaving the Camp of Colors on Sunday of the weekend. It is suggested that you establish a procedure for turning in the forms to a specified person (usually the Assistant Head Cha).

If you have any questions regarding these forms please direct those to your Leaders person.

Thank You

## **Georgia Mountains Tres Dias Asst. Head Cha Reporting Form**

1. Please describe any problems that occurred in your area during the weekend.
2. Were there any team members in your area of service who did not fulfill their role on the weekend? If so, please name and describe.
3. Was there good communication between you and the rollo room? Did you have any difficulty with the time schedule?
4. Do you have any suggestions that would make your service area work better in the future?

At the close of the weekend please collect the reporting forms from the area heads and the Head kitchen and give them to the Leaders person along with your report.

Thank you. .

## **Georgia Mountains Tres Dias Head Kitchen Reporting Form**

1. Were there any kitchen team members that did not fulfill their role on the weekend? If so, please name and describe the situation.
2. Were there any changes to the Tres Dias time schedule that made you preparations or meal service difficult? If so, please describe.
3. Was there good communications between you and the Asst. Head Cha?
4. List and describe any situation in your area where a team member required medical treatment? If so, please name and describe.
5. Do you have any suggestions that would make you area work better in the future?

Please complete this form and give to the Asst. Head Cha at the close of the weekend.

Thank you.

## **Georgia Mountains Tres Dias Area Heads Reporting Form**

1. Were there any changes in the Tres Dias time schedule that affected your area of service? If so, please describe.
2. List and describe any situation in your area where a team member required medical treatment.
3. Were there any team members in your area who did not fulfill their role on the weekend? If so, please name and describe the situation.
4. Please describe any problems that occurred in your area during the weekend.
5. Do you have any suggestions that would make your area work better in the future?

Please give this completed form to the Asst. Head Cha at the close of the weekend.

Thank you.



NAME: \_\_\_\_\_ ROLLO: \_\_\_\_\_

START TIME: \_\_\_\_\_ FINISH TIME \_\_\_\_\_ TALK TIME: \_\_\_\_\_

CONSIDER:

DID THE TALK COVER ALL POINTS IN THE OUTLINE? \_\_\_\_\_

WHAT POINTS WERE NOT COVERED \_\_\_\_\_

WERE YOU ABLE TO FOLLOW THE TALK? \_\_\_\_\_ DID IT FLOW  
TOGETHER? \_\_\_\_\_ DID YOU GET LOST AT ANY TIME?

DID YOU FEEL THAT YOU GOT THE OVERALL VISION OF THE TALK? \_\_\_\_\_

DO YOU THINK THAT A CANDIDATE HEARING THE TALK FOR THE FIRST TIME  
WILL GET THE VISION OF THE TALK? \_\_\_\_\_ IF NOT, WHAT DO YOU  
SUGGEST?

WERE ALL THE WRITE DOWNS GIVEN? \_\_\_\_\_

DID YOU HAVE ENOUGH TIME TO WRITE THE WRITE DOWNS? \_\_\_\_\_

WERE THEY REPEATED TO MAKE IT EASIER TO COPY? \_\_\_\_\_

WERE STRANGE OR DIFFICULT WORDS SPELLED? \_\_\_\_\_

DID THE TALK GO TOO FAST? \_\_\_\_\_ TOO SLOW? \_\_\_\_\_ JUST RIGHT? \_\_\_\_\_

AS FAR AS PERSONAL WITNESS & TESTIMONY FOR THIS TALK, WAS IT: TOO  
MUCH \_\_\_\_\_ TOO LITTLE \_\_\_\_\_ JUST RIGHT \_\_\_\_\_

WHAT ABOUT THE SPEAKERS: VOICE? \_\_\_\_\_ EYES? \_\_\_\_\_

HANDS? \_\_\_\_\_ EXPRESSION? \_\_\_\_\_

DID THE SPEAKER LOOK AND "ACT THE PART" "FIT THE TALK"? \_\_\_\_\_

(TRIUMPHANT. JOYFUL. ACTIVE. ENTHUSIASTIC. VICTORIOUS - SINCERE)

WHAT SUGGESTIONS WOULD YOU SHARE TO HELP THE TALK & SPEAKER?

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## SET-UP TEAM

GMTD# \_\_\_\_\_

\_\_\_\_\_ 1. Check with Head or Asst. head cha about time set-up begins.

\_\_\_\_\_ 2. Check with Head or Asst. Head cha about how the Rollo room is to be set up.

\_\_\_\_\_ 3. Unload weekend supplies from weekend couple's vehicle and \_\_\_\_\_ place in storeroom.

\_\_\_\_\_ 4. Set up tables in the kitchen for Wednesday evening meal. (Check with weekend couple).

\_\_\_\_\_ 5. Check with head kitchen about dining room set-up.

\_\_\_\_\_ 6. Check with area heads to see what help they might need.

\_\_\_\_\_ 7. Check to see if team members need help unloading their cars.

\_\_\_\_\_ Head or Asst. Head cha initial here.

**\*\*\*\*\*Set up is a vital part of the weekend. Please remember to be there and be on time.**

## TAKE- DOWN TEAM

GMTD# \_\_\_\_\_

\_\_\_\_\_ 1. Be at the camp no later than 3:00 p.m. Sunday to help the Dorn chas get candidates' luggage outside by 4:00 p.m. Head will check with asst. head cha for closing directions.

\_\_\_\_\_ 2. Check with area heads to help them with their check-off list.

\_\_\_\_\_ 3. Look for garbage cans that need emptying.

\_\_\_\_\_ 4. Help with vacuuming. Check with Head dorm.

\_\_\_\_\_ 5. Check with asst. head cha about arrangement of chairs for closing.

\_\_\_\_\_ 6. All tables are to be returned to the storage room adjacent to dining hall. Set up platform and podium in dining hall for closing.

\_\_\_\_\_ 7. Bring all folding chairs from Chapel to dining room for closing.

\_\_\_\_\_ 8. When candidates leave the Rollo room and go to Chapel clean up and vacuum the Rollo room. Check with asst. head cha.

\_\_\_\_\_ 9. After closing all kitchen chairs are to be returned to storage room.

\_\_\_\_\_ 10. Chapel chairs must be folded and returned to the Chapel.

\_\_\_\_\_ Head / Asst. Head initial here.

**\*\*\*\*\*Please remember, do not leave without checking with your Head / Asst. Head cha.**

## **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 Georgia Mountains 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 Georgia Mountains Tres Dias and any other involved parties.

Print name \_\_\_\_\_

Signature \_\_\_\_\_

## Covid Guidelines for GMTD

On a recent Secretariat meeting, we decided to hold weekends with the following guidelines in place:

- . There will be morning and evening temperature checks and anyone with a high fever (100.4 or higher) will be asked to leave the weekend.
- . Mask coverings will be on a voluntary basis
- . The kitchen will be pre plating food to keep contact between others to a minimum.
- . Communion is typically held several times a weekend. We have asked that it be done in a manner that will reduce personal contact between others.
- . While personal contact is not forbidden we encourage you to respect others and be sure they are ok with hugs or handshakes.
- . Snacks and other food not in the kitchen should be packaged for individual servings.

**The next few pages are the daily layouts for Chapel**

Storage

Chapel Cha Dorm

Fireplace



Arrange 9 chairs in a circle.

Arrange 9 chairs in a circle.

Arrange 9 chairs in a circle.

Arrange 9 chairs in a circle.

Arrange 9 chairs in a circle.

Arrange 9 chairs in a circle.

Table Chas

Additional Team

Prayer Chas

Circles should only include candidates & professors. After the candidates arrive at the camp, ask the Hd. Cha the exact number of candidates and delete (or add) chairs as necessary.

Directors Table (3 chairs)

Worship Chas

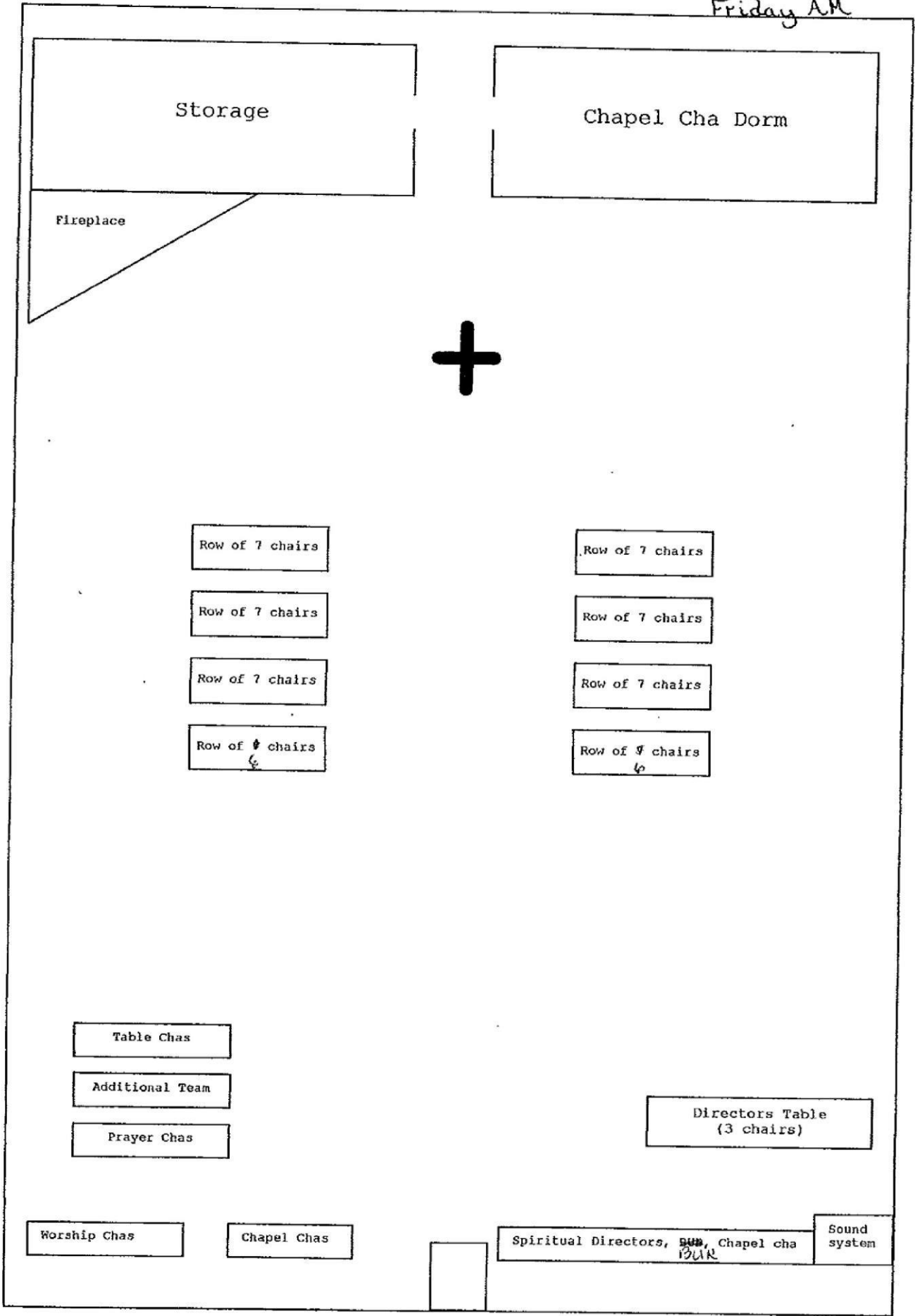
Chapel Chas



Spiritual Directors, ~~DD~~, Chapel cha

Sound system

Friday AM



Storage

Chapel Cha Dorm

Fireplace



Row of 7 chairs

Row of 7 chairs

Row of 7 chairs

Row of 7 chairs

Row of 7 chairs

Row of 7 chairs

Row of 4 chairs

Row of 7 chairs

Table Chas

Additional Team

Prayer Chas

Directors Table  
(3 chairs)

Worship Chas

Chapel Chas

Spiritual Directors, ~~SWB~~ Chapel cha  
BUN

Sound  
system



Sa7 AM

Storage

Chapel Cha Dorm

Fireplace



Row of 8 chairs  
Row of 8 chairs  
Row of 8 chairs

Communion Table - Kneeling

Row of 8 chairs  
Row of 8 chairs  
Row of 8 chairs

Table Chas

Additional Team

Prayer Chas

Directors Table  
(3 chairs)

Worship Chas

Chapel Chas

Door

Spiritual Directors, BMD, Chapel cha  
*DAR*

Sound system

Storage

Chapel Cha Dorm

Fireplace

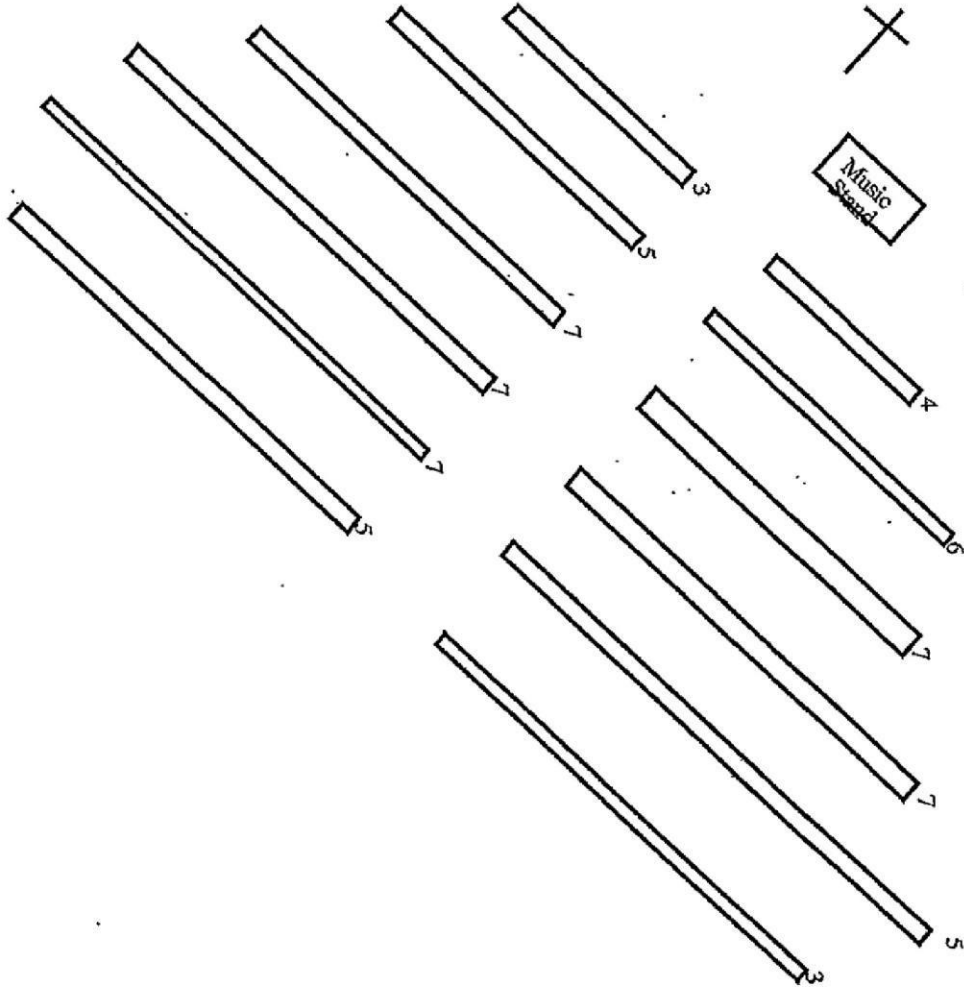


Table Chas  
 Additional Team  
 Prayer Chas

Directors Table (3 chairs)

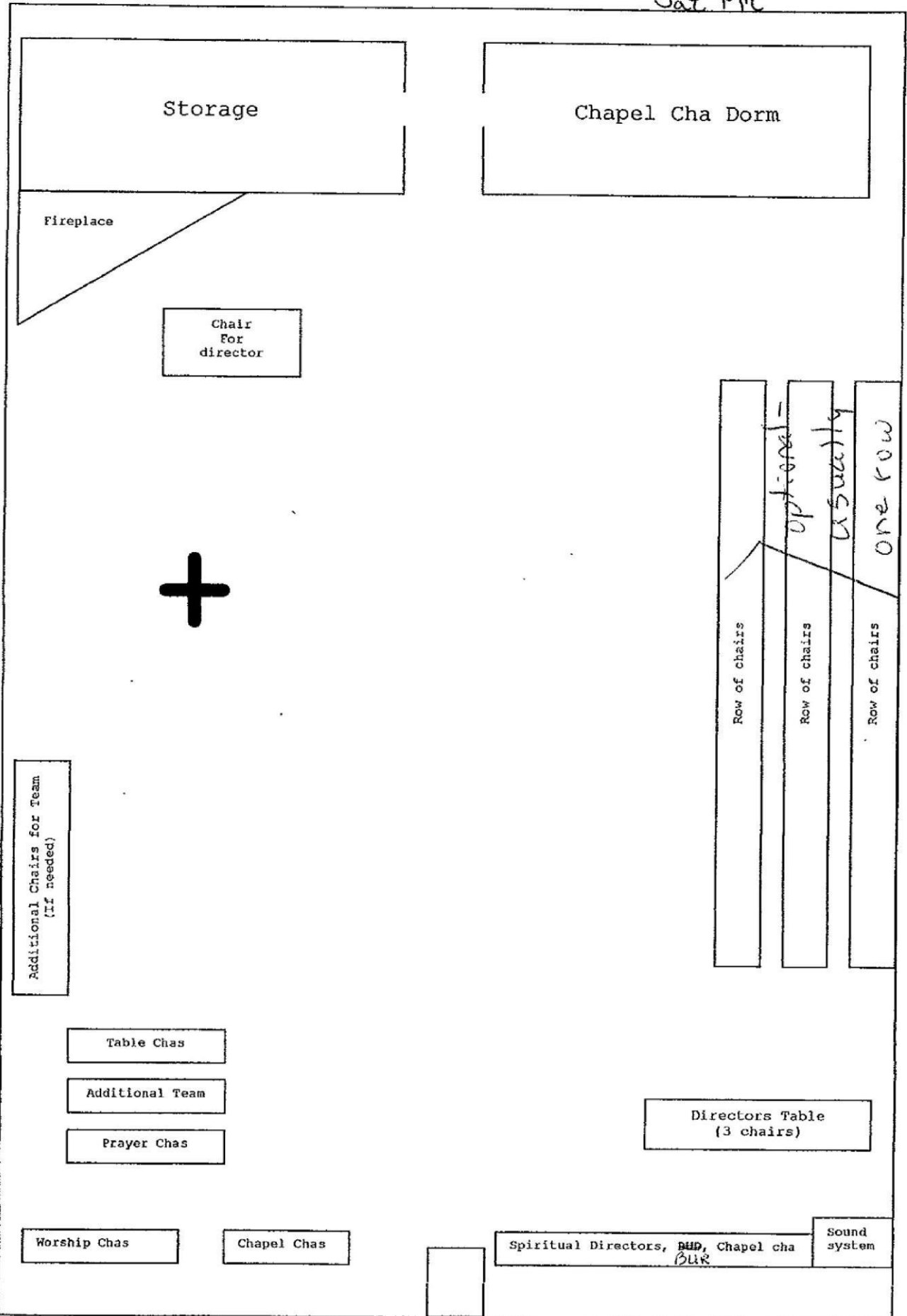
Worship Chas

Chapel Chas

Spiritual Directors, ~~BM~~, Chapel cha  
DWR

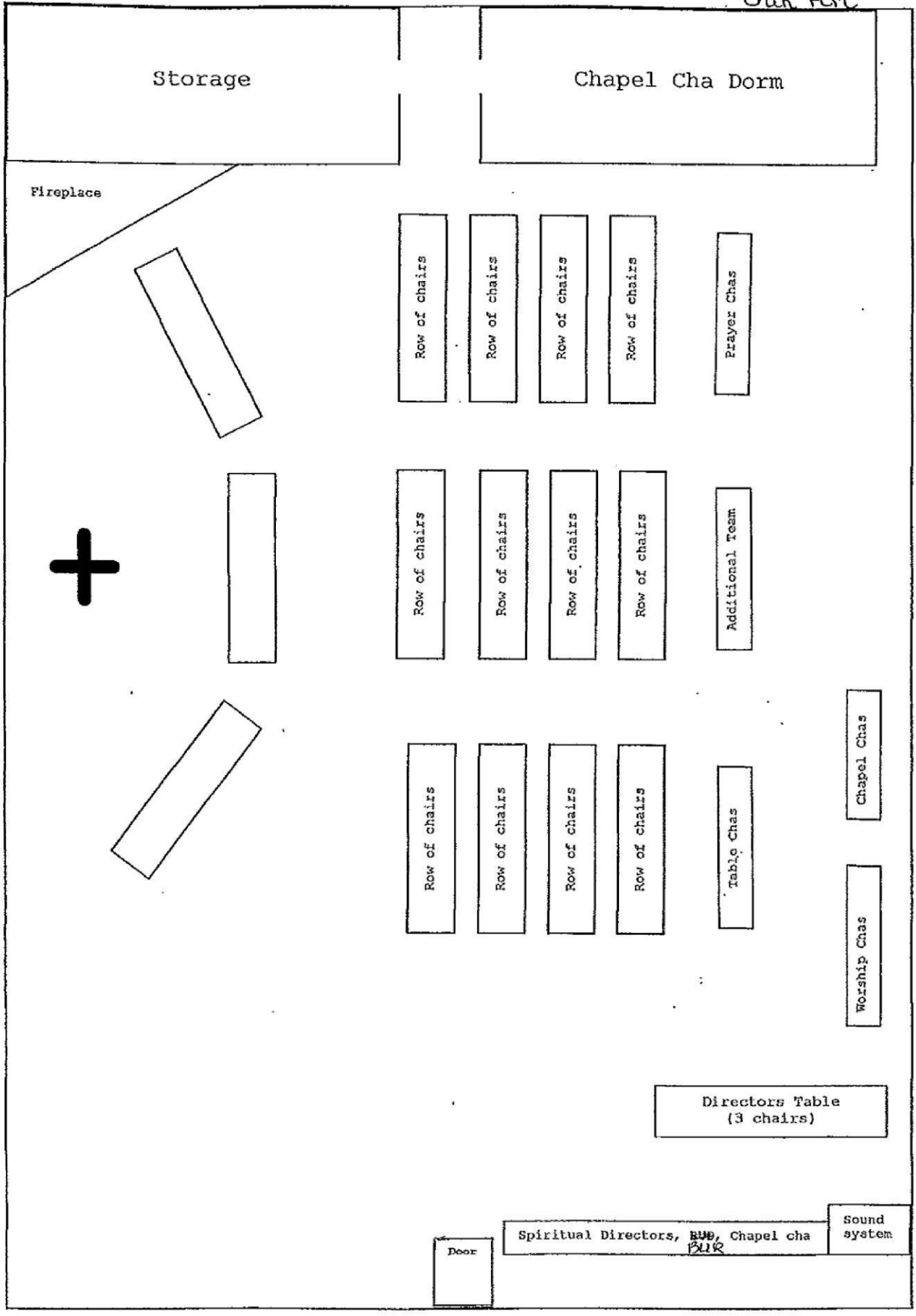
Sound system

Sat PM



against wall

Sun AM



Storage

Chapel Cha Dorm

Fireplace

Row of chairs

Row of chairs

Row of chairs

Row of chairs

Prayer Chas

Row of chairs

Row of chairs

Row of chairs

Row of chairs

Additional Team

Row of chairs

Row of chairs

Row of chairs

Row of chairs

Table Chas

Chapel Chas

Worship Chas

Directors Table  
(3 chairs)

Door

Spiritual Directors, ~~SWP~~ Chapel cha ~~BAR~~

Sound system