

APR 14, 15, 16, 2018
SAT. 10 a.m. to MON. 6p.m.
(Patriots Day)

T.E.C. # 62

FOR OFFICE USE ONLY
FL _____
CL _____
PSTR L _____
FEE _____
CMPTR _____

**TEENS ENCOUNTER CHRIST
APPLICATION FOR**

(Check one) **CANDIDATE**____ **ADULT OBSERVER**____ (21 or older)

PLEASE PRINT ALL INFORMATION:

DATE:_____

NAME(First) _____ (Initial) _____ (Last) _____ MALE/FEMALE(Circle)

ADDRESS (Mailing address where you would like all T.E.C. information sent)

STREET _____

TOWN _____ STATE _____ ZIP CODE _____

PHONE # () Home, () Cell _____ E-MAIL _____

DATE OF BIRTH Month, Day and Year _____

SCHOOL PRESENTLY ATTENDING _____ Grade _____

RELIGION _____ ARE YOU BAPTIZED? _____

PARISH _____ PASTOR _____

MOTHER'S NAME (First & Last) _____ PHONE # _____

MOTHER'S FULL ADDRESS _____

FATHER'S NAME (First & Last) _____ PHONE # _____

FATHER'S FULL ADDRESS _____

YOUR MARITAL STATUS (For Observers) _____ SPOUSE'S NAME _____

DO YOU KNOW ANYONE ELSE MAKING THE WEEKEND YOU ARE APPLYING FOR? _____

IF YES, GIVE THEIR NAMES(S) _____

REFERRED BY (Who recommended you attend this T.E.C.?) _____

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THE TOTAL COST OF THE WEEKEND IS \$100.NON-REFUNDABLE FEE MUST ACCOMPANY THIS APPLICATION.

The T.E.C. weekend is open to sophomores in high school, and older. The TEC experience is a three day retreat, each day builds upon the previous day. Because of preparation of accommodations, food, etc, a firm commitment is required to attend the entire weekend.

All applicants 17 years and older MUST complete a CORI form required by the archdiocese. THIS FORM MUST BE RETURNED ASAP.

TEENS ENCOUNTER CHRIST <> ST. WILLIAM'S CHURCH <> 1351 MAIN STREET <> TEWKSBURY, MA. 01876

Candidates and Observers please complete all information on both pages of this application and return to the above address.

THIS APPLICATION MUST BE RETURNED AS SOON AS POSSIBLE TO RESERVE YOUR SPACE.

For more information and an on line application, go to <http://www.TewksburyTEC.org>

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. How did you find out about the weekend?
2. Are you disabled or do you have any allergies (to foods, fabrics, dust, etc.) that we should know about?
3. Do you play a musical instrument? (If so, which one do you play?) **YOU CAN BRING A GUITAR OR PORTABLE INSTRUMENT WITH YOU.**
4. Have you ever participated in your school's athletic, dramatic or student government activities? Briefly describe how you were involved.
5. How many brothers and sisters do you have? _____Brothers _____Sisters
6. Have any of your family members made an encounter weekend before? If so. give their names.
7. What are your plans for next year?
8. Why do you wish to make a TEC weekend?
9. Have you ever made a high school retreat, ACTS, SEARCH, or other religious program before?
10. Are you involved in your church?
11. About how many years of formal religious instruction have you had, if any? (in Parochial School, Religious Ed., Bible School, taught about God by family, etc.)
12. Do you have any medical conditions that requires special attention during the weekend?

SIGNATURE OF PERSON APPLYING FOR THE WEEKEND & PARENT/GUARDIAN

(signed)

Signature of Parent/Guardian if candidate is under 18

(By signing this application you are committing to TEC and allowing the use of photography for media and publication purposes)

Give us the name and phone number of an adult reference we can contact

Name of Adult Reference _____ Phone No. _____

RETURN THIS APPLICATION ASAP TO RESERVE YOUR SPACE.

- In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Teens Encounter Christ (TEC), its volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.
- Parental Consent (Complete if applicant is under 18) I give consent for my child (Named within this application) to participate in the above activities, and I execute the above liability release on their behalf.
- *I am a candidate/observer 18 years of age or older and agree to the terms listed above OR I am the parent or guardian of the minor listed within this application and agree to the terms listed above.