Rec'd:
Dep: $ ck
cash
Med /Perm sent: Y N F
Med /Perm recd: Y N F P
Letter sent: Y N F
TEC #: Y N F NLI
TEC #: Y N F NLI

TEENS ENCOUNTER CHRIST
1206 Monroe St.
Mendota, IL 61342
Phone inquiries: (815) 878-6217
Email: secretary4peterstowntec@gmail.com

Why attend TEC?

Scan for online form

CANDIDATE APPLICATION FORM

Please Print

Name_____ M_____ F_____ Nickname_____

Mailing Address_____ City_____

State_____ Zip_____ Home Area Code & Phone (_____)_____

Applicant Cell#(_____)_____ Applicant E-mail Address_____

School_____ Year in School_____ Age_____ Date of Birth_____

Father's Name_____

Mailing Address_____

City, State, Zip_____

Phone #_____

Parent email_____

Language: ___English ___Spanish ___Other

Mother's Name_____

Mailing Address (if different)_____

City, State, Zip_____

Phone # _____

Parent email_____

Language: ___English ___Spanish ___Other

Please do NOT omit: Parish or Church:_____

Pastor/Minister full name: _____

Parish Address:_____ City:_____

What is your T-shirt size? _____

Please answer the following questions:

1. Do you play a musical instrument?_____ Which one? _____
2. Do you have any food allergies or medical concerns we should know? _____
3. Have you participated in your school's various activities? _____ Which ones?_____

_____

4. Do you now hold a class office or other position of leadership?_____ Please describe: _____

_____

5. What are your plans after High School or College? _____
6. What do you hope to get out of TEC? _____

_____

6. Has a brother, sister or parent made TEC?_____ Their name: _____

PLEASE ENCLOSE A PRE-REGISTRATION DEPOSIT OF $10.00. This will be applied toward your total contribution of $50.00 which partially offsets the expense of your TEC. This deposit is not refundable. You will be notified of acceptance and the dates and location of your TEC.

• CONTINUED OTHER SIDE •

Application Continued:

TEC is for young adults from 16-23, and candidates must be at least a sophomore in high school. In addition, preference will usually be given to Seniors and College age applicants because they would have less opportunity to attend in the future. Space is limited; therefore, there may be waiting lists.

_____ _____

Applicant's Signature Parent's (or Guardian's) Signature

Please give this completed application (& deposit) to the person filling out the "Reference Form" below

REFERENCE FORM

The TEC candidate must give this form to a teacher, counselor, priest, minister, sister, or someone 21 years of age or older who knows him or her but is not a family member. This form will help us to place the candidate in a group where the candidate will benefit the most. The TEC officials will keep this information in STRICT CONFIDENCE.

Please return this application/form in a sealed envelope to the address below no later than TWO WEEKS before the TEC weekend. This entire form should be returned by the person filling it out to the following address:
TEC, 1206 Monroe St. Mendota, IL 61342

Date of Weekend _____

Candidate's Name _____

PLEASE CIRCLE THE APPROPRIATE ADJECTIVE

PLEASE NOTE: TEC is a Roman Catholic sponsored, interdenominational, religious experience for upper classmen in High School and College age Young Adults. (16 - 23)

Exercise of Leadership: Poor Average Good

Area of Leadership: Academic Apostolic Athletic Dramatic Musical

Social Student Government Other _____

Maturity: Immature Mature Very Mature

Response in a Group: Loner Well-liked Other _____

Attitude Toward Spiritual Life: Indifferent Searching Well-adjusted

SPECIAL NEEDS: _____

Please comment on anything (positive or negative) that you feel could help the TEC team to understand and deal effectively with the candidate (attach 2nd sheet, if necessary): _____

_____

_____

_____

How long have you known this candidate? _____ In what capacity have you known her/him? _____

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

Thank you,
The TEC Council of Peterstown