

Rec'd:
 Dep: \$ ck
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 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

TEC
 138 W. Pine St.
 Ladd, IL 61329
 Phone inquiries: (815)894-3002
 Fax: (815) 663-1621
 Email: executive_secretary@peterstowntec.com

Online application available at
<https://www.peterstowntec.com/applications.html>



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 _____

Mother's Name _____

Mailing Address _____

Mailing Address (if different) _____

City, State, Zip _____

City, State, Zip _____

Phone # _____

Phone # _____

Parent email _____

Parent email _____

Please do NOT omit: Parish or Church: _____

Pastor/Minister full name: _____

Parish Address: _____ City: _____

If you have a special patron saint or a favorite saint, please share name with us, thanks! _____

Please answer the following questions:

1. Do you play a musical instrument? _____ Which one? _____

2. Do you have any food allergies or 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 junior 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, 138 W. Pine St. Ladd, IL 61329

Date of Weekend _____

Candidate's Name _____

PLEASE CIRCLE THE APPROPRIATE ADJECTIVE

PLEASE NOTE: TEC is a Roman Catholic sponsored, interdenominational, religious experience for Seniors and/or Juniors 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: _____

Address: _____

Thank you,
The TEC Council of Peterstown