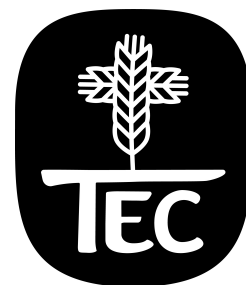


Rec'd:  
Dep: \$ ck  
cash  
Med /Perm sent: Y N F  
Med/Perm recd: Y N F P  
Letter sent: Y N F  
TEC#: Y N F NLI  
TEC#: Y N F NLI

TEENS ENCOUNTER CHRIST Online application available at  
65 Mary Senica Ct. <https://www.peterstowntec.com/applications.html>  
LaSalle, IL 61301  
Phone inquiries: (815)343-3309 or (815)343-5130  
Email: executive\_secretary@peterstowntec.com



## 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, 65 Mary Senica Ct. LaSalle, IL 61301

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