Teens Encounter Christ TEAM MEMBER APPLICATION

Today's Date:

Name:	Age:	TET .
Address:	_	
		Teens Encounter Christ
Phone: H-() C-()	1111 4th Street Mendota IL 61342
E-Mail Address:		
Year in School, if applicable: School c	urrently attending: .	
Are you, or have you been a member of the	Catholic Church? _	
Current Church Affiliation:		
Parish/Church: P	arish/Church Involve	ement:
Marital Status: (check one)MarriedSing	leDivorced	WidowedRemarried
What TEC did you make and where?		
Why do you want to be on a team?		
f selected, in what capacity do you wish to s Adult Speaker Mi	serve? (Circle One usician	÷)
Teen Speaker M	usician Resou	ırce Live-in
If you are an adult who has never made a T	EC, who recommend	ded you for the team?
If you are a teen, would you be willing to give one of these talks? (Circle your choices)		

NOTE: This is a general form. If some of the questions do not apply to you, you need not answer them. In addition, the cost of the weekend is \$50 for candidates. This partially offsets the expenses for the weekend. We ask that you prayerfully consider making a donation of at least \$25 to offset the expenses for your participation in the weekend. (Do not send with application, financial stewardship will be collected at a team meeting.)