



SIouxLAND
INTERDENOMINATIONAL

TEENS
ENCOUNTER
CHRIST

CANDIDATE Application

Name: _____ DOB _____ (circle) M F

Address: _____ City, State & Zip: _____

Phone: _____ E-mail: _____

School: _____ High School Graduation Yr.: _____ Age: _____

Parents Email: _____

Special Diet? _____ T-Shirt Size S M L XL 2X 3X

Parents Name: _____

Phone: Home _____ Work _____ Emergency _____

Church name: _____

Address: _____ City, State & Zip: _____

Pastor: _____ Youth Leader: _____

How did you hear about T.E.C.? _____

MEDICAL RELEASE FORM:

In the event of a medical emergency, I hereby give permission to the physician selected by the T.E.C. leadership to secure proper treatment for the child attending. I certify that no guarantee or assurance has been made as to the results that may be obtained.

I give T.E.C. Adult Leadership permission to administer the recommended minor dosage of over-the-counter medication and/or apply first aid as needed.

Parent Signature: _____ Date: _____

Insurance carrier: _____ Policy # _____

List allergies, medications, and special medical conditions. _____

Details that require signatures:

Smoking, drinking and the use of other illegal drugs will not be tolerated at any time during the weekend

Candidates are expected to be present the entire T.E.C. weekend which is Friday at 4:30 p.m. through Sunday evening. Checks will not be cashed until after the T.E.C. weekend.

I recognize that churches and denominations have varied views on communion and Ash Wednesday observance. I understand that communion will be served and an Ash Wednesday service done at the T.E.C. weekend. I give permission for my child to decide whether or not to partake.

Participant's Signature: _____ Date: _____

Parent Signature: _____ Date: _____

CANDIDATE SELECTION PROCESS:

1. Candidates may attend TEC the summer after their Freshman year in high school through the year after high school graduation.
2. Applications will be received beginning the day after completion of the previous T.E.C. weekend.
3. Applications are selected based on the following criteria:
 - a. Any T.E.C. candidates who applied for the previous T.E.C. weekend and were put on a waiting list will receive first priority.
 - b. Any T.E.C. candidates who applied for a previous T.E.C. weekend but were not accepted or were unable to attend.
 - c. Applications are dated when they are received; the earlier applications receive priority.
 - d. Candidates are limited to eight from each high school until one week before the weekend, at which time additional candidates from each school may be accepted if space is available.
 - e. The following people may receive special priority:
 - i. Those candidates who have only one more chance to attend a weekend (high school seniors or those who are moving from the area.)
 - ii. Those candidates representing new involvement with T.E.C. by a school, city, or church affiliation.
 - iii. Those candidates who are recommended by their pastor or youth director as one who would especially benefit from attending a particular T.E.C. weekend for a valid reason.

The cost of the weekend is \$48. A check should be made out to Siouxland T.E.C.
If this fee is a financial burden, please request a partial or full scholarship in advance.
Send Application and Payment to:

Julie Garoutte
1112 S. Newton St.
Sioux City, IA 51106
712-276-0200 home
712-490-9210 cell
pandjgaroutte@msn.com

Acceptance letters will be mailed approximately three weeks prior to the T.E.C. Weekend.

For office Use Only: Pd_____ PL_____ PP_____
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