

CANDIDATE Application

Name:		I	OOI	3		(0	circle) l	M F
Address:	City, S	State & Zip:		· · · · · · · · · · · · · · · · · · ·				
Phone:	E-mail:							
School:	High School G	raduation Yr.:		_Age:	:		_	
Parents Email:								
Special Diet?		T-Shirt Size		M	L	XL	2X	3X
Parents Name:								
Phone: Home	Work	Emergency						
Church name:								
Address:	City, S	State & Zip:	·					
Pastor:	Youth Leader:							
How did you hear about T	T.E.C.?							
MEDICAL RELEASE FOR In the event of a medical emergency proper treatment for the child attend obtained. I give T.E.C. Adult Leadership per and/or apply first aid as needed.	cy, I hereby give permission ading. I certify that no guaran	ntee or assurance has be	een n	nade as	s to th	e results	that ma	y be
Parent Signature:		Date:						
Insurance carrier:	Policy #							
List allergies, medications, and	special medical condition	is						

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	N PROCESS:
1. Candidates may attend TEC after startin graduation.	g their Freshman year in high school through the year after high school
2. Applications will be received beginning tweekend.	the day after completion of the previous T.E.C.
3. Applications are selected based on the fo	ollowing criteria:
a. Any T.E.C. candidates who applied f receive first priority.	for the previous T.E.C. weekend and were put on awaiting list will
b. Any T.E.C. candidates who applied f attend.	or a previous T.E.C. weekend but were not accepted or were unable to
c. Applications are dated when they are	received; the earlier applications receive priority.
	each high school until one week before the weekend, at which time ool may be accepted if space is available.
seniors or those who are movin involvement with T.E.C. by a school, of iii. Those candidates	one more chance to attend a weekend (high school g from the area.) ii. Those candidates representing new
The cost of the weekend is \$50. A check show If this fee is a financial burden, please required Send Application and Payment to: Jared Weich 706 4th St, Norfolk NE 68701 402-750-3198 weichjared@gmail.com	uld be made out to Siouxland T.E.C. uest a partial or full scholarship in advance.
Acceptance letters will be mailed approximate For office Use On	ately three weeks prior to the T.E.C. Weekend. ly: Pd PL PP