



SIouxLAND
INTERDENOMINATIONAL
TEENS
ENCOUNTER
CHRIST

Youth TEAM Application

Name: _____ (circle) M F

Address: _____ City, State & Zip: _____

Phone: _____ E-mail: _____

School: _____ Year of Graduation: _____

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: _____

YOUR T.E.C. EXPERIENCE:

Which T.E.C. were you a candidate? _____

Which of the following teams have you worked? (Write # of times)

Silent Table Leader: _____ Music Team: _____ Kitchen Team: _____

Support Team: _____ Wheat Team: _____ Team R/R: _____

List talk # if you were ever a presenter: _____

INFORMATION ABOUT YOUR TEAM AND TALK PREFERENCES:

Prioritize the teams you would like to work:

Silent Table Leader: _____ Kitchen Team: _____ Photographer: _____

Support Team: _____ Wheat Team: _____ Music Team: _____

If Music Team, list instruments: _____

Is God leading you to present any of the following talks? (If so, include your talk outline with this application.)

_____ Talk #1: Who am I? _____ Talk #2: Who am I in Relationship to God?

_____ Talk # 3: God is Love _____ Talk #6: Need for Community

_____ Talk # 7 What would Jesus Do? _____ Talk #8: Christians Called to Action