



SIouxLAND
INTERDENOMINATIONAL

TEENS
ENCOUNTER
CHRIST

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

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.

Insurance carrier: _____ Policy # _____

Parent Signature: _____ Date: _____

List allergies, medications, and special medical conditions below. _____

Details that require signatures:

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

Team members are expected to be present for at least 2 of the 3 team meetings prior to the weekend, the entire T.E.C. weekend which is Thursday afternoon through Sunday evening & the Reunion 2 weeks later.

I recognize that churches and denominations have varied views on who may partake of communion. I understand that communion will be served at the T.E.C. weekend and give permission for my child to decide whether or not to partake.

Participant's Signature: _____ Date: _____

Parent Signature: _____ Date: _____

In this space please describe your relationship with Jesus and why you wish to work the weekend:

T.E.C. WEEKENDS AND THE MEETINGS THAT PROCEED AND FOLLOW ARE TIMES WHEN WE OFFER TOTAL DEDICATION TO THE WORK OF THE LORD. By applying to work this TEC weekend I wish to selflessly serve the Lord and not attempt to balance that precious time with my personal needs. Out of love and respect for those friends on the waiting list who also wish to offer their faithful service, I agree that only a personal or family emergency would prevent me from attending all of the hours and dates as described in my application, a personal or family emergency being a life threatening illness or death in the family. Missing school or social activities does not meet the definition. My commitment to the Lord's work, in the service of the candidates He has chosen to attend the weekend, means that I will not ask for an exception to these scheduled hours. If there is a potential conflict with meeting my personal needs, I will not apply until such time as I am comfortable that I can dedicate that time to the Lord's work.

Participant's Signature: _____ Date: _____

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 scholarship.
Send Application and Payment to: Barb Hoekstra, Team Allocations Phone: 712-551-2052
1614 450th St., Hawarden, IA 51023