

New Tecite Application

Name _____
Address _____
City _____
State _____ Zip _____
Telephone _____
Birthdate _____
Age _____

Circle: Male / Female

Do you have any health or physical needs? _____
Religious Affiliation _____
Parish Name _____
Has anyone in your family made a TEC? _____
Names: _____
How did you find out about TEC? _____
- School Name (students only) _____
- Class (students only) _____

Dates of the TEC I wish to make:
(Circle One)

AV213: Oct 31-Nov 2, 2009
AV214: Jan 16-18, 2010
AV215: Feb 13-15, 2010
AV216: Mar 13-15, 2010
AV 217: Apr 18-20, 2010

Total cost of weekend - \$75.00
Please attach a \$40.00 *(non-refundable)* deposit and mail to:
TEC
Box 610
Crookston, MN 56716

If you are a student living at home, please ask your parents or guardian to sign this application below:

In case of illness or injury, I authorize those in charge of the TEC weekend that my son or daughter attends to obtain whatever medical assistance seems necessary for his or her well being.

Signed by _____
(Parent or Guardian)
Telephone _____