

AGASSIZ VALLEY TEC

TEAM APPLICATION

Please Print

Date: _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ E-MAIL ADDRESS _____

BIRTHDATE _____ AGE _____ MALE _____ FEMALE _____

FIRST TEC _____ LAST TEC _____

Have you applied for Team before? Yes _____ No _____ How many times? _____

Positions held before: _____

I am applying for AV# _____ scheduled for: _____

For: WHEAT TEAM _____ RESOURCE _____ TEAM _____ MUSICIAN _____

OTHER: _____

REFERENCE: (Parish Priest, Religion Ed. Teacher or Youth Minister):

Name of your last TEC Directors: _____

The reason I want to participate on AV # _____ is

Team members are asked to contribute **\$45.00** for the weekend and to bring it on Friday night. BE SURE TO FILL THIS FORM COMPLETELY, SEND TO: AV TEC – P.O. BOX 610 – CROOKSTON, MN 56716