

CrossRoads Teens Encounter Christ
Combined with **Northwest Iowa Teens Encounter Christ**
CANDIDATE APPLICATION

(Teens Encounter Christ is an inter-denominational organization)

____ TEC #9 June 27-29, 2008, First Reformed, Sioux Falls, SD

Please mail this application and \$50 check payable to CrossRoads TEC to:
(Checks will be deposited upon receipt)
Fee will be discounted to \$40 if received before May 9, 2008

Lisa Doorenbos
3365 Jefferson Avenue
Boyden, IA 51234
(712) 725-2432
lisad@hickorytech.net

Name _____ Student Phone _____
Address _____ City/State/Zip _____
E-Mail Address _____ T-Shirt Size _____
Father's name _____ Mother's name _____
Father's phone number _____ Mother's phone number _____
Address _____ Address _____
School _____ Year of graduation _____ Sex _____
Church _____ Church Address _____
Pastor or Youth Pastor _____ Church phone _____
Have you applied to attend TEC previously? ____ Yes ____ No If yes, which TEC's? _____
Medical/Dietary/Special needs _____

Medical Release Form

In the event of a medical EMERGENCY, I hereby give permission to the physician selected by the TEC leadership to secure proper treatment for my child as named above. I certify that no guarantee or assurance has been made as to the results that may be obtained.

Parent/Guardian Signature: _____ Date _____

DETAILS TO KNOW ABOUT THE WEEKEND

Candidates are accepted from grades 9-12. Juniors and Seniors are given first priority in accepting candidates. Freshman must be at least in the fall of their 9th grade year to be eligible to attend. Seniors can attend through the summer after high school graduation.

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

The cost of the TEC weekend is \$50. Full or partial scholarships are available based on need and must be arranged prior to the weekend. To make this arrangement please contact Lisa Doorenbos. **Candidates are expected to be present for the entire TEC weekend – Friday, 9:30 am until Sunday evening). Checks will be deposited upon receipt.**

I recognize that churches and denominations have varied views on who may partake of communion. I understand that communion will be served at the TEC weekend and give permission for my son/daughter to make the decision whether or not to partake.

Candidates Signature _____ Date _____

Parents/Guardian Signature _____ Date _____

(Acceptance letters will be mailed about 6 weeks prior to the TEC weekend. This application may be reproduced.)