

Heartland Teens Encounter Christ Weekend

TEC Weekend: December 11-13, 2009 Application Deadline: November 15, 2009
(Submit application before deadline, if possible)

A Teens Encounter Christ (TEC) Weekend is a 3-day retreat specifically designed for teens who are high school second semester sophomores through 20 years old. First semester sophomores may be allowed to participate with approval of the TEC Board. For first semester sophomores, an additional reference is required from a Confirmation Coordinator, teacher, coach, or other adult not related to the teen but who knows him/her well.

TEC is a Catholic sponsored program that provides an experience in Christian Living. In TEC, one experiences a fresh, faith-filled atmosphere away from home, school, and work. Young people meet, reflect, and share how they see themselves, their ideals, and their hopes/dreams while finding God's presence in their life. On TEC, teens encounter Christ risen and alive today.

Participants should not be forced to attend TEC to fulfill some retreat requirement. The retreat educates, inspires, and motivates them to grow in their faith, but the decision to attend should be left to the participants. The weekend begins Friday at 4:30 pm and ends Sunday at 6:00 pm. **Participants are expected to stay for the entire weekend.** A confirmation letter with a map and information on what to bring will be sent the week before the weekend.

Please send a \$30 non-refundable deposit with the application form to: Heartland TEC, C/O Terri Teschner, 4309 Hunter Drive, St. Joseph, MO 64506 OR you may pay online at: www.heartlandtec.com

The \$45 balance due will be collected at the beginning of the weekend (or the total \$75 may be paid by check or credit card and sent with the application). Contact Terri if have questions about the weekend: (816) 271-3434 or e-mail: director@heartlandtec.com. No one should be turned away due to cost. Partial **scholarships may be available**. Complete scholarship application online or request form from Terri Teschner. **The TEC application is not considered complete unless the entire form is filled in, appropriate signatures are obtained, application with deposit, health form with parental permission, and reference form is submitted.**

Application Form (please PRINT clearly)

Name _____
(Nickname/preferred name) _____
Gender M F Phone (hm) _____ (cell) _____
E-mail _____
Address _____ City _____
State _____ Zip _____ Birthdate _____ Age _____
School _____ Year in School _____
School Activities _____
Parish _____
Why do you want to come on a TEC Weekend?

Who recommended TEC to you? _____
List names of those you know who also are applying to be on the same TEC weekend

Note: \$30 deposit to be submitted with application (or online). Balance will be paid: _____ with application, or _____ online, at www.heartlandtec.com, or _____ on weekend, or _____ by parish

I have completed this application truthfully, and understand I am expected to stay for the entire TEC weekend.

Teen Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

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Reference Form (to be completed and signed by adult who is at least 21 years old and not related to the candidate, but knows the teen well. Please answer questions as soon as possible so the TEC application may be submitted by the deadline:

Reference Name and Phone #

How do you know this teen:

Please circle appropriate responses:

My acquaintance with this teen is: distant teacher/student average close

Exercise of leadership of this teen: 1 2 3 4 5
None Average Strong

Maturity of teen: 1 2 3 4 5
None Average Strong

Relationship in Discussion Group: 1 2 3 4 5
None Average Strong

Teen's attitude toward religion/Church: antagonistic indifferent confused
positive a leader involved

Comments/additional information:

Reference Signature _____ Date _____

Health/Consent/Liability Waiver Form (must be completed and signed)

Parents'/Guardians' Names _____

Phone Numbers and Location where parent/guardians can be reached during weekend

Family Physician Name & Phone # _____

Health Insurance Name & Phone # _____

Health Insurance Policy/Group/Certificate # _____

Any special health conditions (i.e. physical limitations, emotional conditions/reactions, allergies, prone to homesickness, etc).

Medications (prescription and/or over-the-counter) that my teen will be bringing with him/her and have my permission to take as needed/appropriate:

I/We request that our teen be allowed to participate in the TEC weekend at Conception Abbey. I/We agree to hereby release, indemnify, and save harmless the Diocese of Kansas City-St. Joseph, the Heartland TEC Board, Conception Abbey, Conception Seminary College, and any persons connected with the Abbey or the TEC weekend from any and all liability, claims, damages for personal injury, or property loss/damage which may arise as a result of this retreat. We agree not to sue any of the above parties, their agents, representatives, employees, or volunteers. Any medical information necessary for the care of my teen during the weekend may be released to any medical provider needed, and information from any medical provider may be shared with the TEC representatives in the care of my teen.

Parent/Guardian Signature _____

Date _____