


WEST CENTRAL MINNESOTA T.E.C. CANDIDATE APPLICATION

Please mail this application along with a \$40 check to help cover the cost of the weekend to:
Ronald Honken 12440 105 Ave SW Raymond, MN 56282 Tel # 320-967-4590

Make checks payable to WC MN TEC

This Application is Available on our Website: www.wcmntec.org 

Name _____ Preferred name _____ Phone _____

Address _____ City/State/Zip _____

E-Mail _____ T-Shirt Size _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Phone _____ Phone _____

School _____ Year of Graduation _____ Sex _____

Church Affiliation _____ Church Address _____

Pastor/Youth Director _____ Church Phone _____

Have you applied to attend TEC previously? _____ Yes _____ No If yes, which TEC _____

Medical/Dietary/ Special needs _____

Medical Release Form

In the event of a medical emergency, I hereby give permission to the physician selected by 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. I also give permission for any picture taken of my child as named above to be used for promotional purposes.

Parent's Signature _____ Date _____

The cost of the weekend is \$40. Full or partial scholarships are available based on need and must be arranged prior to the weekend. To make this arrangement, please contact Ronald Honken at (320) 967-4590. Candidates are expected to be present for the entire TEC weekend; Friday, 10 AM through Sunday evening closing, and are encouraged to attend the TEC reunion, which usually occurs two weeks after any given retreat weekend. Checks will not be cashed until after the TEC weekend.

For information on upcoming TEC weekends, visit our website: www.wcmntec.org

West Central MN TEC is an interdenominational organization.

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

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 my permission for my son/daughter to make the decision whether or not to partake.

Candidate's signature _____ Date _____

Parent's Signature _____ Date _____

Acceptance letters will be mailed about 4-6 weeks prior to the TEC weekend. This application may be reproduced.