



TEENS ENCOUNTER CHRIST RETREAT
Archdiocese of Dubuque
Registration Form

TEC# _____ Location _____ Date _____

*Participant's Name: _____

Birthdate: _____ Gender: _____ *E-mail address: _____

*Home Address: _____ City, St, zip: _____

*Home phone: _____ *Cell phone: _____

School: _____ School Town: _____

Parish: _____ Parish Town: _____

Family:

Father's name: _____ Cell phone: _____

Mother's name: _____ Cell phone: _____

List siblings and their ages: _____

What are your interests and hobbies?

What school activities and organizations are you involved in?

Why do you want to go on TEC?

What are your expectations of the TEC weekend?

*Personal contact information may be shared with other TEC participants and team in order to foster community follow up.

TEC Participant Contract

1. I recognize that TEC is a religious retreat.
2. It is my personal choice to make a TEC weekend.
3. I will be present at TEC from 10 am on Saturday until the closing at 4 pm on Monday.
4. I am aware that I may be in photos or video during this event and I hereby consent to use of these materials for youth ministry publicity or promotion.
5. I will not bring alcohol, tobacco products or drugs (except as prescribed by a doctor).
6. I will not bring any obscene or offensive materials of any kind to the retreat.
7. I will not bring books, homework, or electronics of any kind (laptop, ipod, video games, etc).

Participant's signature: _____ Date: _____

Parent/Guardian Endorsement

I am aware that my son/daughter may be photographed or videotaped during this event and I hereby consent to the use of these materials for youth ministry publicity or promotional purposes only. I have read the above and understand/agree to the participant contract.

Parent/Guardian Signature _____ Date _____