

Welcome to Agape' TEC

Teens Encounter Christ

APPLICATION INSTRUCTIONS

___ Print out pages 1 and 2.

___ Fill out the TEC Application form on page 2.
If you are under 18 years of age, the PERMISSION STATEMENT, *must* be completed by your parents/guardian.

___ Mail application and \$70 retreat fee to:
Agape' TEC
PO BOX 275
RIB LAKE, WI 54470-0275

We may not accept more than 5 students from your school or parish to attend the same TEC. Contact your parish for additional application forms.

TEC Retreat Participant Applications and \$70 fee are **due at least THREE WEEKS before the TEC!**

Retreats may be full earlier than this.

___ Print out page 3 on a separate piece of paper.

___ Give REFERENCE for TEC (Teens Encounter Christ) WEEKEND form on page 3 to an adult friend. They will complete and mail for you. See page 3 for detailed instructions.

For more information, contact:

Agape' TEC Coordinator
Gwen Nies
PO BOX 575
LUCK, WI 54853-0575

Phone: 715-472-2799

Check our website at:

<http://www.agapetec.com>

- Retreat Schedule
- Links to more TEC's
- SPARK Newsletter

For your consideration...

If you are considering attending a TEC weekend, but are holding back from applying because of the \$70 cost, we encourage you to apply.

Scholarship monies are available to assist with this fee. We do not want anyone to miss out on this awesome opportunity to meet Christ due to financial concerns.

Confidential inquiries can be made by calling Gwen at 715-472-2799 or email at gnies77@lakeland.ws.

TEC (Teens Encounter Christ) Application Form

I'm applying for TEC # _____ Being held: _____
Please Print Clearly Mo - Dates - Year

 Your Name

 M / F
 Circle One Age Phone Number

 Mailing Address (Street, Route &/or Box #)

 City State Zip + 4

 Name of Your School Class Birthdate

 Name of Your Parish Church Your Faith Denomination

 Your Pastor's Signature

Please list any personal medical needs we should be aware of:

Are you currently under a Doctor's care? ___Yes ___No

If "Yes", your Dr.'s Name is: _____

Your Dietary Needs / Preferences:

Allergies:

Medications:

When do they need to be taken?

What medical condition do they treat?

Parents/Guardians: PERMISSION STATEMENT

If for some reason your son/daughter leaves the retreat, it will be assumed by the Leadership Personnel that he/she is on the way home, and you will be notified. In this event, you agree to release Agape' TEC from holding any further responsibility.

In signing this form, you also give your son/daughter (under 18 years of age) permission to participate in the activities of Agape' TEC # _____, being held on _____.

In case of medical emergency, please understand that every effort will be made to contact you. In the event that you cannot be reached, please authorize the Weekend Leadership Personnel to obtain whatever medical assistance is needed.

 Emergency Day Phone # Emergency Night Phone #

 Health Insurance Co. Name Ins. Policy / Group Number

 Parent / Guardian Signature Date

 Please print both parent's names

YOUTH - Self-Evaluation

I have ___ (#) sister(s) and ___ (#) brother(s)

Have any of your siblings ever made a TEC?

If so, when and where?

Describe your participation at school:

Why do you wish to participate in this TEC?

What other kinds of retreat experiences have you had?

What are your plans for next year? / after graduation?

FOR OFFICE USE ONLY:

Date Received:	Acceptance Letter Sent
Amount of Fee Received:	Amount Still Owed:

Please mail to: **Agape' TEC / PO Box 275 / Rib Lake WI 54470-0275**

Agape' TEC - Teens Encounter Christ

A retreat experience for Teens and Adults

REFERENCE INSTRUCTIONS

Detach the TEC reference, and give to an adult friend. Do not give it to your parent, a relative or casual acquaintances, NOR to another teen.

Ask an adult who knows you to fill it out and mail to the address on the bottom of the form.

Information is kept confidential and is used solely to help us form small discussion groups for the participants attending.

These small groups are a very important part of the retreat experience.

Hmmm . . . What the HEC is TEC?

TEC, a youth renewal movement within the Catholic Church patterned upon the Cursillo movement for adults, was developed in 1965 by Fr. Matthew Fedewa and Dorothy Gereke, in the Diocese of Lansing, Michigan. Since its humble beginnings, the tremendous success of TEC retreats, as testified to by thousands of "TEC-ites" across this nation and over-seas, has helped TEC spread to more than 80 dioceses world-wide.

TEC, which stands for Teens Encounter Christ, is a Catholic retreat program which reaches out primarily to young adults between 16 - 25 years of age. While TEC began as a retreat for teenagers, hence the name, we in the Superior Diocese have broadened our vision and our mission to include people of all ages and stages. As a result, TEC has emerged as a truly multi-generational retreat. People of all ages have found TEC to be an exciting and dynamic vehicle by which to enter into a deeper relationship with Jesus Christ and the Catholic Christian Community.

REFERENCE for TEC WEEKEND (Teens Encounter Christ)

Dear Adult Friend,

The young person who gave you this reference form is asking you to complete it as part of the application process for participation in and Agape' TEC (Teens Encounter Christ) retreat weekend. TEC is a lived experience of a Catholic Christian community. TEC is based on solid, up-to-date theological and psychological principles. The testimony of young people who have participated in TEC gives ample evidence that they have been deeply and positively moved. It truly influences their values and their lives.

To help the TEC team to deal personally and sympathetically with each participant, we ask you to take the time to thoughtfully complete this form. Your comments will be kept confidential. We also ask you to pray that TEC will be a positive experience of faith for this young man or woman. Any questions? Call Gwen at 715-472-2799. Agape' TEC is sponsored by the Dept. of Christian Formation, Diocese of Superior.

Name _____
of young person (TEC Applicant)

Please circle each response below which, in your opinion, applies to this individual.

My acquaintance with this youth is: Distant Average Close

Youth's personal leadership qualities: None Little Average
Above Average Very Strong

Areas of leadership: Athletic Student Government Academic
Social Community Parish Youth Group
Other _____

Maturity Level: Immature Average Adolescent Quite Mature

Psychological adjustment: Poor Average Very Good

Relationships to peers: Loner Many friends Disliked Well-liked
Quiet Talkative Domineering Respected

Attitude toward faith: Indifferent Searching Confused
Antagonistic Positive Involved Enthusiastic

Discussion group participant: Quiet Average Talkative Leader
Domineering Helps others join in the discussion

Any additional Comments you would like to make:

Your Name _____ Phone _____

Please mail to: **Agape' TEC / PO Box 575 / Luck WI 54853-0575**