

**TEC is...**

**A three day weekend retreat. It begins at 10am on a Saturday and ends at about 4pm on Monday. Participants are required to attend all three days. It's a special learning experience for anyone between the ages of 16 and 21. TEC is a weekend free from the pressure and stress of school and work, where you will experience living with others and with Christ in a Christian community. The program is based on talks and discussions. Worship is also an important part of the weekend, as is live music, fun and fellowship. However, it is not a therapy program. Anyone undergoing serious personal crisis should reconsider attending the upcoming weekend.**

**Cost: \$ 50**

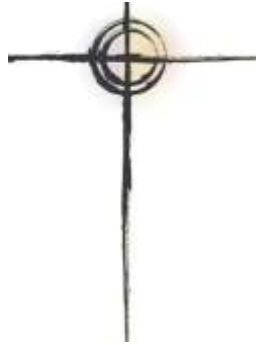
**Location: Camp Medley,  
168 Gunter Hill Rd,  
Upper Gagetown, NB**

**Bring:**

**- Warm, comfortable clothing - personal toiletries - a sleeping bag - a foam or air mattress  
- a pillow - towels**

**Leave Home:**

**Radios, portable stereos, non-prescription drugs, alcohol, cell phones, iPods, magazines**



**Send Completed Form &  
\$25 non- refundable deposit to:**

**TEC Registrar  
Karen Bent  
14 County Line Rd  
Maces Bay, NB  
E5J 1V9**

**4bents@nb.sympatico.ca**

**Make cheque payable to:  
'Teens Encounter Christ'  
Application Deadline: May 11, 2018**



**TEC  
Teens  
Encounter  
Christ**

**TEC 2018  
May 19-21**

# TEC 2018 Candidate Application

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## General Information

(You must be committed to attend the entire weekend)

CANDIDATE:

Name: \_\_\_\_\_

\*\*EMAIL ADDRESS:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

City: \_\_\_\_\_

Postal Code:

\_\_\_\_\_

Phone: (506)

\_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Medicare Number:

\_\_\_\_\_

Medical Problems and/or Allergies:

YES: \_\_\_\_\_ NO: \_\_\_\_\_ if yes please

give details on medical form

PARENT/GUARDIAN:

Name: \_\_\_\_\_

\*\*EMAIL ADDRESS

\_\_\_\_\_

If no email address please provide

Mailing Address: Same as above \_\_\_\_\_

Different \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

EMERGENCY CONTACT:

Name: \_\_\_\_\_

Phone: (506) \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

(If you are under 18 years)

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## Getting to know you:

Do you attend church? \_\_ yes \_\_ no

If 'yes', where?

\_\_\_\_\_

Minister/Pastor's Name:

\_\_\_\_\_

Phone: (506) \_\_\_\_\_

Are you baptized? \_\_ yes \_\_ no

How or from whom did you find out about TEC?

\_\_\_\_\_

\_\_\_\_\_

Please tell us why you want to come to the TEC weekend. (No reason is right or wrong)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cabin or Room Mate Choice:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\* indicate very IMPORTANT please fill in

## Sponsor Information

(A sponsor is someone other than your parent who will pray for you before, during and after the TEC weekend)

Name:

\_\_\_\_\_

\*\*EMAIL ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

Phone: (506)

\_\_\_\_\_

Have you attended TEC, or are you familiar with the program? \_\_ Yes \_\_ No  
If 'yes', when?

\_\_\_\_\_

How long have you known the Candidate?

\_\_\_\_\_

What is your relationship to the Candidate?

\_\_\_\_\_

Sponsor's Signature:

\_\_\_\_\_