

# Central Minnesota TEC - Together Encountering Christ Application Form

\_\_\_\_\_ **CM 586** August 5-7, 2016 (Fri-Sun)

\_\_\_\_\_ **CM 587** October 21-23, 2016 (Fri – Sun of MEA)

\_\_\_\_\_ **CM 588** Nov 25-27, 2016 (Fri – Sun of Thanksgiving)

\_\_\_\_\_ **CM 589** Dec 30, 2016 – Jan 1, 2017 (Fri – Sun)

\_\_\_\_\_ **CM 590** Jan 14-16, 2017 (MLK Holiday)

\_\_\_\_\_ **CM 591** Feb 18-20 (President's Day Holiday)

\_\_\_\_\_ **CM 592** March 4-6, 2017

\_\_\_\_\_ **CM 593** April 8-10, 2017 (Palm Sunday Weekend)

TEC is a three-day retreat for Christians desiring to grow in their faith. TEC provides an opportunity to learn more about the beliefs of the Catholic faith, build friendships with other Christians, and take practical steps to develop a deeper relationship with Christ. TEC is designed primarily for Catholics, though we welcome those from other denominations as well. Once your application is submitted you can assume you have been accepted. Exceptions will be notified by mail immediately. A letter with full details regarding the retreat will be sent to you two weeks prior to your weekend.

***The retreat begins at 9:30 AM the first day and concludes at 5:30 PM the third day***

*\*(Must be at least 16 years old and into 2<sup>nd</sup> half of sophomore year in high school)*

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_ \*Age \_\_\_\_\_

Preferred Name on Name Tag \_\_\_\_\_ E-mail: \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

*(School address if different from above)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Religion \_\_\_\_\_ School \_\_\_\_\_ Grad Year \_\_\_\_\_

Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's / Guardian's Name \_\_\_\_\_ Parent Phone # \_\_\_\_\_

Do You Have Any Health or Physical Needs? \_\_\_\_\_

How Did You Find Out About TEC? *(Please specify name(s))* \_\_\_\_\_

Check here if you wish not to have your name and contact information appear on a roster for all retreat participants

***Total cost of weekend is \$95. Please attach a non-refundable \$30.00 registration deposit & mail this form to...***

## Central Minnesota TEC

P.O. Box 8 (mailing address)

Andover, MN 55304

Telephone (320) 532-4455

***(Applications can be submitted online)***

[www.cmtec.org](http://www.cmtec.org)

**Weekends Held at:**

18801 Riverwood Drive

Little Falls, MN 56345

Students living at home are asked to have their parent/guardian sign this application and medical waiver:

In case of illness or injury, I authorize those in charge of the TEC weekend that my son or daughter attends, to obtain whatever medical assistance that seems necessary for his or her well-being.

Signed by \_\_\_\_\_

Telephone \_\_\_\_\_