

Parent/Guardian Portion:

I understand that my teen may be photographed during the weekend for use on the CITEC website and/or the promotion of CITEC.

I recognize that churches and denominations have varied views on who may partake in communion. I understand that communion will be served at the TEC weekend and give permission to my son/daughter to make the decision whether or not to partake.

Participant's signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

MEDICAL RELEASE FORM

In the event of a medical EMERGENCY, I hereby grant permission to the physician selected by the 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.

Medical Insurance Company: _____

Policy Number: _____

Signature of

Parent/Guardian: _____ Date: _____

CANDIDATES ARE EXPECTED TO BE PRESENT FOR THE ENTIRE TEC WEEKEND (FRIDAY AT 10:00 AM - 6:00 PM ON SUNDAY). This may include an absence from school.

This application is available online at

www.centraliowatec.com

You may mail applications and payment to:

Wendy Sims

384 223rd Place, Pella, IA 50219

wsims@sucpa.com, Phone: 641-780-0328

How to be a part of TEC #77

1. Fill out application online or print and send in the mail

*The cost of the weekend is **\$50.00**. Full or partial scholarships are available based on need. Checks will not be cashed until after the weekend.

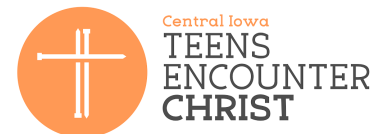
Checks are to be made payable to:
C.I.T.E.C

2. Candidate selection

*Applications are accepted for candidates beginning the summer before 10th grade through the summer following 12th.

*Applications will be received beginning the day after the completion of the previous TEC weekend.

3. Primary contact will be made by emails written on application



CITEC #77

Central Iowa Teens Encounter Christ

CANDIDATE APPLICATION

March 4-6, 2022

LOCATION: First Church, 605 Broadway

Pella, IA 50219

Name: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Male Female

Name Called/Preferred If Different From Above: _____

School: _____ Class of 20: _____

Who encouraged you to go to TEC? _____

IF APPLICABLE

Church: _____ Church Phone: (____) _____

Church City: _____ Pastor/Youth Pastor Name: _____

MEDICAL/ALLERGY/DIETARY/SPECIAL NEEDS: _____

Parents' Names: _____

Parent Email Address: _____

Parent Home Phone: _____ Preferred Phone to use: _____

Cell Phone #1: _____ Cell Phone #2: _____

Circle Shirt Size

Shirt Size: S M L XL XXL