

# Peoria Area TEC Presenting Team Application

Being on a TEC Presenting Team consists of a commitment to attend team meetings prior to the TEC weekend and being available at the TEC Center the entire weekend from Friday evening to Monday evening. In addition, I intend to show support through my wheat obligation of our community of faith, including Sunday worship and a sacramental life. I understand the illegal use of drugs and/or alcohol is not a part of the TEC program and is prohibited. Please understand that there may be a waiting period for team participation. Once selected to serve, each Team member is asked to contribute \$75.00 to cover the cost of the weekend.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please print clearly**

**Teens:**

**Age:** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **What TEC did you make?** \_\_\_\_\_

Are you interested in serving as:      Resource      Speaker      Musician (Instrument) \_\_\_\_\_

Meditation Interest: Growth & Ideals, Young Christian as Disciple

Any previous meditations presented? \_\_\_\_\_

School Name \_\_\_\_\_ Graduation Year \_\_\_\_\_

**Adults:**

**Age:** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **What TEC did you make?** \_\_\_\_\_

Are you interested in serving as:      Resource      Speaker      Musician (Instrument) \_\_\_\_\_

Meditation Interest: God Community of Love, Church People of God, The Christian Life, Discipleship

Any previous meditations presented? \_\_\_\_\_

**All Complete please:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

TEC Teams Completed \_\_\_\_\_ Parish/Church Affiliation \_\_\_\_\_

Have you served on a Wheat Team? \_\_\_\_\_ What Wheat Team #/, Month or Year \_\_\_\_\_

Is there a month preference? \_\_\_\_\_

I would like to serve on a TEC team because: \_\_\_\_\_

**Finish on back if necessary**

Are you a vegetarian, vegan or do you have any dietary restrictions? Vegetarian, Vegan, Dietary Restrictions, Other, None

List any food allergies or dietary restrictions that we should be aware of. \_\_\_\_\_

Do you have any special needs (medical, physical, etc.)? \_\_\_\_\_