



Jesus Loves You!

Go Tell Others!!



TAP Retreat

Impact on TEC Community:

- Rekindles a deeper sense of commitment to our life in Christ as a member of the TEC faith community.
- Recognition of the further possibilities of ministry (Discipleship).
- Uses the gifts and skills of members of the TEC community for the greater good.
- Assists in developing stronger leaders to guide the local TEC community.
- Develops a collaborative effort of leadership between youth, young adults and adults.

“Ask me about TEC.”

TEC Conference

114 S. 2nd Street ~ Festus, Mo. 63028
(636) 933-9233 ~ (636) 933-9531 (fax)
office@TECConference.org
www.TECConference.org



T - TEC

A - Ambassador

P - Program



Registration Form

Dear Applicant,

You are registering for a two day weekend as a follow-up to your original TEC weekend. It is a community based experience inviting the participants to a deeper level of commitment to Christ and His Church, a disciple for the Lord. These two days are designed to reflect on evangelization and how it relates to our TEC community while welcoming new "ambassadors" into the TEC community.

The TEC Conference leadership feels this is an excellent opportunity for a TEC community to minister to the youth and young adults by connecting them to further possibilities for ministry, spiritual companionship, and support for living as a disciple for Jesus Christ. TEC seeks to build partnerships with youth and young adult ministry in the larger church. This workshop is designed in a retreat format to invite participants to reflect more deeply on their life of shared faith, quality of presence and skills for ministry.

In Christ,
TEC Conference



TAP Retreat Application

_____ () Female () Male

_____ **Phone No.**

_____ **Email address**

_____ **Street**

_____ **City, State**

_____ **Zip Code**

_____ **Parish & Parish City**

_____ **Birth date (mm-dd-yy)**

_____ **Place and date of Candidate TEC**

_____ **Currently in: () High School () College () Adult**

S M L XL XXL

Shirt Size

Applicant Signature _____

Emergency Contact _____

Phone No. () _____

Family Physician _____

His/Her Telephone No. () _____

Medical Insurance Co. _____

Policy No. _____

(Participants under 18 years of age require Parent signature)

I, _____, request and give permission for my son/daughter _____, to participate in a TAP Retreat, to be held the weekend of _____ in the city of _____ . In the event of sickness or accident, the adults supervising the retreat have my permission to secure medical care for my child. I hereby release the Archdiocese of _____ from any and all claims arising out of or from any accident or other occurrence, causing injury to any person or property during this event. I hereby warrant that, to the best of my knowledge, my child is in good health, and I assume all responsibility for his/her health.

Parent Signature (if participant is under 18) _____

Date _____

Mail application and Check in the amount of \$ _____ **to** _____

Questions??? Call _____

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