



Teens Encounter Christ

Mail applications & Payments to:

Deco-Tec Ministries
Attn: Registration
PO BOX 406
Grand Haven, MI 49417

Please complete this application by printing neatly and use BLACK INK, NOT pencil.
You will be notified by e-mail if you are accepted (include candidate's e-mail address below)
.\* Acceptance letters with important dates and information will be sent shortly after they are received.

OFFICE USE ONLY
Ck #
Cash

Deco-Tec Candidate Application

Students, please complete the front of this application;
Parents, please complete the back.

Name
Address
City/State/Zip
Birthdate Phone #
E-mail address\*
T-shirt size S M L XL XXL
Gender: M F School

Church
Location (City)
Pastor/Youth Pastor
Phone/E-mail

Have you applied to TEC previously?
No Yes, I applied for TEC #
Who told you about TEC and invited you?

Details to know about the weekend:

- TEC is meant for teen students. Preference is given to seniors.
Smoking, drinking, and the use of other illegal drugs will not be tolerated at any time during the weekend.
Candidates are expected to be present for the entire TEC weekend (Friday at 5:00 pm through Sunday evening).
Candidates are encouraged to attend the TEC follow-ups

\* If you have any questions regarding a TEC weekend please email us: decotecmin@gmail.com

- The cost of the TEC weekend is \$50. (Make checks payable to Deco-Tec.) The check must accompany this application, but will not be cashed until the TEC weekend.
Cancellation Policy: Cancellation received more than one week before TEC, full refund; cancellation between two days and one week before TEC, half refund; cancellation less than two days before TEC, no refund. However, you may receive a voucher to be used at a future TEC for any money not refunded.
Photos taken during the weekend may be used in printed or on-line TEC promotions, unless you make a special request that photos of you not be used (group photos will be on-line).

Participant's Signature Printed Name Date
Parent or Guardian's Signature Printed Name Date

# TEC Candidate Application/Parent or Guardian Section

Father/Male Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone# \_\_\_\_\_

Work/Cell Phone # \_\_\_\_\_

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

Mother/Female Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone# \_\_\_\_\_

Work/Cell Phone # \_\_\_\_\_

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

**Additional Emergency Contact Person** *(to be used only if we are unable to contact parent/guardian)*

Name \_\_\_\_\_ Phone # \_\_\_\_\_

## MEDICAL RELEASE FORM

IN THE EVENT OF A MEDICAL EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE TEC LEADERSHIP TO SECURE PROPER TREATMENT FOR MY CHILD AS NAMED BELOW. I CERTIFY THAT NO INSURANCE GUARANTEE HAS BEEN MADE AS TO THE RESULTS THAT MAY BE OBTAINED. I FURTHER RELEASE DECO-TEC FROM LIABILITY FOR ANY PHYSICAL INJURY THAT MY CHILD MIGHT INCUR IN CONJUNCTION WITH THE TEC WEEKEND.

I, \_\_\_\_\_, THE (SELECT ONE) \_\_\_ FATHER \_\_\_ MOTHER \_\_\_ GUARDIAN  
(PARENT/GUARDIAN NAME)

OF \_\_\_\_\_ HEREBY AUTHORIZE DECO-TEC TO SEEK ANY EMERGENCY MEDICAL TREATMENT NEEDED FOR MY CHILD  
(STUDENT NAME)

INSURANCE COMPANY NAME \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

AMOUNT OF CO-PAY \_\_\_\_\_

PLEASE LIST ANY SPECIAL MEDICAL NEEDS, ALLERGIES, OR DIETARY NEEDS YOUR CHILD HAS, OR IF YOUR CHILD IS A VEGETARIAN.

**MEDICATIONS USED/SPECIAL NEEDS/RESTRICTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIETARY NEEDS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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This application may be reproduced.

[www.deco-tecministries.com](http://www.deco-tecministries.com)