

Heartland Interdenominational T.E.C. #35

Youth Team Application

March 17-20, 2011

New Covenant Community Church

6000 South 84th Street Lincoln, NE 68516-3807

First & last name: _____

Name called: _____ Birth Date __/__/____ Sex: M F

Address: _____

City & State: _____ Zip: _____

E-mail: _____

Phone: _____ Cell Phone: _____

School: _____ HS Graduating Class: _____

Request vegetarian meals: Y N T-shirt Size S M L XL 2X 3X

Parents' names: _____

Work phone: _____ Emergency phone: _____

Church name: _____

Address: _____

City & State: _____ Zip: _____

Pastor: _____ Youth Leader: _____

FACTS ABOUT THE WEEKEND

Smoking, drinking and the use of other illegal drugs will not be tolerated at any time during the weekend.

Team members are expected to be present for the entire T.E.C. weekend which is Thursday afternoon to Sunday evening. Checks will not be cashed until after the T.E.C. weekend.

Participant's signature: _____

Parent signature: _____ Date: _____

Acceptance letters will be mailed approximately 2 weeks prior to training.

Meeting notes: Leadership training will be Sunday 2/20/2011 @ 1:30 - 5:30pm. Team training will be Sunday 2/27/2011 @ 1:30 - 5:30pm, Sunday 3/6/2011 @ 1:30 - 5:30pm, Sunday 3/13/2011 @ 1:30 - 5:30pm. The reunion will be Sunday April 3, 2011 @ 2:00-4:00pm. All meetings and the reunion will be at New Covenant Community Church. THESE MEETINGS ARE IMPORTANT AND CRITICAL. You are expected to attend all meetings and the reunion. Check www.heartlandtec.org for schedule changes and updates.

Reproduce this for anyone interested!

MEDICAL RELEASE FORM:

In the event of a medical emergency, I hereby give permission to the physician selected by the T.E.C. leadership to secure proper treatment for the child attending. I certify that no guarantee or assurance has been made as to the results that may be obtained. If you do NOT have insurance, please write "none", sign and date the form.

Insurance carrier: _____ Policy number: _____

Parent signature: _____ Date: _____

Check NONE: ___ or list allergies and special medical conditions below.

TEAM must enclose a check to Heartland T.E.C. for \$55. No family is required to pay more than \$110. A limited number of 1/4, 1/2 and 3/4 scholarships are available. Call Linda Meduna at 402-483-6062 to request the **required** application. Payment will be arranged before the first training meeting.

YOUR TEC EXPERIENCE:

Which TEC were you a candidate: _____

Which TECs have you worked on the following teams:

STL: _____ Music Team: _____ Wheat Team: _____
Support Team: _____ Kitchen Team: _____ Team R/R: _____

List talk# & TEC if you were a presenter: _____

INFORMATION ABOUT YOUR TEAM AND TALK PREFERENCES:

Prioritize the teams you would like to work.

STL: _____ Support Team: _____ Kitchen Team: _____
Wheat Team: _____ Music: _____

If Music is a choice, list instruments:

Is God leading you to present any of the following talks?

- _____ Talk #1 Who am I
- _____ Talk #2 Who am I in Relationship to God
- _____ Talk #3 God Is Love
- _____ Talk #6 Need for Community
- _____ Talk #7 What Would Jesus Do
- _____ Talk #8 Christians Called to Action

Request outlines to help you write your talk.

**To be considered for leadership
send this application by 2/1/2011**

**Lou Meduna
4810 Starling Drive
Lincoln, NE 68516**

**Linda Meduna will answer
questions: 402-483-6062
www.heartlandtec.org**

**Include a check to
Heartland T.E.C. for \$55.**