

TEENS ENCOUNTER CHRIST “COME AND SEE”

* REGISTRATION FORM *

*** PLEASE PRINT CLEARLY***

Name: _____ Are You: Baptized Confirmed

Circle One: Male Female Your Birth Date: / /

Address: _____ City, State, and Zip: _____

Home Telephone No. () Your E-Mail Address: _____

Parent's(s) Name(s): _____

Your Church: _____ Your Pastor's Name: _____

Who referred you to TEC? _____

Do you know anyone who will be on the TEC weekend? If so, who? _____

Is there one thing that you hope to get out of the TEC weekend? _____

Have you any health or dietary concerns of which the leaders of the TEC weekend should be aware? If so, please describe. (Ex: Vegetarian, etc.) _____

FOR YOUR PASTOR: I support this person's desire to attend TEC.

Pastor's Signature: _____ Pastor's Phone No. ()

Send To: Epiphany Lutheran Church or Fax to (419) 536-1239
Attention: Jessica Dennis
915 N. Reynolds Road
Toledo, OH 43615

Please make checks payable to:
COME & SEE TEC

Registrations are due one week prior to the weekend. Later registrations will be accepted if room permits. For more information about TEC, please see our website, www.toledotec.com