

# HOF TEC APPLICATION

Fields marked with  are required!!

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Age \_\_\_\_\_ Male [ ] Female [ ]


School you attend \_\_\_\_\_

Church \_\_\_\_\_

Denomination \_\_\_\_\_

 Parent(s) Signature(s) \_\_\_\_\_

 Health Insurance Info \_\_\_\_\_

 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_


 Any diet requirements, allergies, or medications? If so, please explain. If not, put 'none'.

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

Do you know anyone else who has made a TEC retreat? No [ ] Yes [ ] (Who?)

Do you play any instruments? If so, what do you play?

Reasons for wanting to attend a TEC retreat?

 I promise to remain open to what TEC has to offer:

\_\_\_\_\_  
Your Signature

 I feel this applicant is ready to attend a TEC retreat:

\_\_\_\_\_  
Pastor's Signature

Total cost of retreat is \$75. Please send \$25 deposit with this application to:

HOF-TEC  
c/o Cheryl Erckert  
103 Tyvola Drive  
Summerville, SC 29485

Please feel free to reproduce this application as needed