

Re-QUEST

What? Re-Quest is a fun filled 24 hour experience for those who have previously made a QUEST to deepen their faith and commitment to living a Christian life and examine their relationships with God & others. During a Re-Quest there are times to both pray and play with our old QUEST friends as well as a chance to meet new people with whom we have never shared the QUEST experience.

Who? Any youth who have made Quest and are now in 8th, 9th or 10th grade and who have not reached their 16th birthday. However, all are welcome.

When? Friday evening 6 p.m. until Saturday 6 p.m. (See greatrivertec.org for the date of the next Re-Quest)

NOTE: Meal will not be served on Friday!!!

Where? Our Lady of Angels Spirituality Center of Quincy University (North Campus) 18th & Seminary Rd., Quincy, IL

How? SIGN UP!!! The cost of the Re-Quest is \$40.00. A \$10 deposit will hold your place or you can pay in full. Checks payable to Great River TEC. Fill out the application below, keep this top half and send the bottom with your check to:

Re-Quest – 2828 Scotia Trail-Quincy, IL 62301

For questions call: 217-224-5615 or 217-223-6661

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Re-Quest Application

Name: _____

Address: _____

City & State: _____ Zip: _____

Phone:(____) _____

School: _____ Grade _____

Birth date: ____/____/____

Number of Last QUEST: _____

Participant's email address: _____

Emergency Info:

Parent Name(s): _____ Phone:(____) _____

Parent Name(s): _____ Phone:(____) _____

Parent email address _____

Family/Friend/Relative: _____ Phone:(____) _____

Please attach your \$10 deposit or pay in full for the Re-Quest with this application. You need to send in the application to reserve yourself a spot on the weekend. Space is limited, so register early!

FOR THOSE UNDER AGE 18: Medical Release Form

I give permission for my child _____ to be treated by a doctor in the case of an emergency on the Re-Quest weekend. I further release Great River TEC from the liability for any physical injury that my son/daughter might incur in conjunction with the Re-Quest weekend.

Parent's Name _____

Parent's Signature _____

Describe any medication(s) that your child is allergic to: _____

Person to be contacted in the case of an emergency:

Name _____

Phone(____) _____