

# Mini-TEC

**What?** Mini-TEC is a fun filled weekend experience in Christian living designed for those who have previously made a TEC weekend and deepen their faith and commitment to living a Christian life. During a Mini-TEC there are times to both pray and play with our old TEC friends as well as a chance to meet new people with whom we have never shared the TEC experience.

**Who?** Any youth or adult who has made a TEC weekend.

**When?** Friday evening 6 p.m. until Saturday 6 p.m. (See [greatrivertec.org](http://greatrivertec.org) for the date of the next weekend)  
**NOTE: Meal will not be served on Friday!!!**

**Where?** Franciscan Retreat Center of Quincy University (North Campus)

**How?** **SIGN UP!!!** The cost of the Mini-TEC is \$40.00. A \$10 deposit will hold your place or you can pay in full. Fill out the application below, keep this top half and send the bottom to:  
**Mini-TEC - 1716 E. 1308th St., Fowler, IL 62338-1014**

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## **Mini-TEC Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Number of Last TEC Weekend: \_\_\_\_\_ email address: \_\_\_\_\_

Emergency Numbers:

Parent Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Family/Friend/Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Please attach your \$10 deposit or pay in full for the Mini-TEC with this application. You do 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 Mini-TEC weekend. I further release Great River TEC from the liability for any physical injury that my son/daughter might incur in conjunction with the Mini-TEC weekend.

Parent's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Describe any medication that your child is allergic to: \_\_\_\_\_ Person to be contacted in case of emergency

\_\_\_\_\_  
Name \_\_\_\_\_

\_\_\_\_\_  
Phone \_\_\_\_\_