



Rec'd _____

Wichita Diocese REQUEST TO SERVE

PLEASE TYPE OR PRINT LEGIBLY

Name _____ M F

Address _____ Date of Birth _____

City, State & Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

School _____ Grade _____

Parish/City _____ Faith Denomination _____

Name of Parents/Guardians _____

List any food allergies or special dietary needs: _____

CHOOSE THE TEC RETREAT FOR WHICH YOU ARE REQUESTING TO SERVE:

<u>TEC RETREAT</u>	<u>LOCATION</u>	<u>PRIORITY REGISTRATION DATE</u>
<input type="checkbox"/> Oct. 7-9, 2017	Wichita	August 7, 2017
<input type="checkbox"/> Feb. 17-19, 2018	Wichita	December 17, 2017
<input type="checkbox"/> June 2-4, 2018	Hutchinson	April 2, 2018
<input type="checkbox"/> July 14-16, 2018	St. Paul	May 14, 2018

RANK YOUR POSITION PREFERENCE (1, 2 & 3):

_____ Wheat Crew _____ Resource _____ Music (Specify talent) _____

Due to the number of team applications received, not all are asked to serve on the weekend.

If not selected for the team I would like to participate on the Harvesters: Yes No

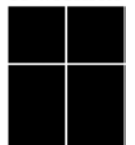
The Harvesters are a group that gathers to pray for the success of the retreat.

LIST PREVIOUS TEC EXPERIENCE BY TEC NUMBER:

Candidate _____ Resource _____ Director _____ Asst. Dir. _____

Wheat Crew _____ WC Director _____ Asst. WC Director _____

CATHOLIC
DIOCESE
OF WICHITA



Why are you requesting to serve on a TEC retreat? _____

What talents and/or gifts do you bring to this program? _____

All team members are required to be Virtus Certified in order to serve on a TEC retreat.

Have you taken a VIRTUS training session? YES NO

If yes:

When _____ Where _____

Have you read and signed the "Policy on Suspected Abuse of Children?" YES NO

At which parish is your signed form on file? _____

In requesting to serve on a TEC retreat, I realize that I am making a commitment to attend the entire retreat, all preparation and clean-up activities, all team meetings and will try to attend the Going Fourth following the TEC retreat. I also realize that I may not be asked to serve in the position of my first choice, or at all, but I am willing to serve wherever or however needed. I understand that this will be a retreat dedicated to serving others and I will make that my first priority.

Signature

Date

Mail this registration to the Office of Faith Formation, 424 N. Broadway, Wichita, KS 67202.
Cost of the weekend is \$100 for team members. Please do not enclose payment with this registration.
PAYMENT AND MEDICAL WAIVER FORM ARE DUE AT THE FIRST TEAM MEETING.
(Please make checks payable to: Catholic Diocese of Wichita.)

Office of Faith Formation

424 N. Broadway St.
Wichita, KS 67202
316-269-3940 phone
316-269-3902 fax
OFF@CatholicDioceseOfWichita.org
CatholicDioceseOfWichita.org/faith-tec/tec

Apply online at:
CatholicDioceseOfWichita.org/faith-tec/tec

