

**HARVEST
TEC
2006**



**Diocese of
Davenport**

TEC 2006

**February
18-20**

St. Joseph's

DeWitt, IA

TEC

(Teens Encounter Christ)

TEC is a weekend experience in Christian living, which takes a Catholic perspective on the journey of faith, with an emphasis on the Paschal Mystery of Jesus in our lives. In TEC you experience:

- ⇒ a fresh, different atmosphere, away from home or school...
- ⇒ a chance to meet other young people...
- ⇒ a time to reflect on your life through the eyes of Jesus...
- ⇒ an opportunity for prayer and sharing with others...
- ⇒ a God you can believe in, encountering Christ risen and alive!

TEC is open to high school juniors, seniors and young adults who have made at least one previous retreat and have received the Sacrament of Confirmation. (Exceptions can be made in individual situations.)

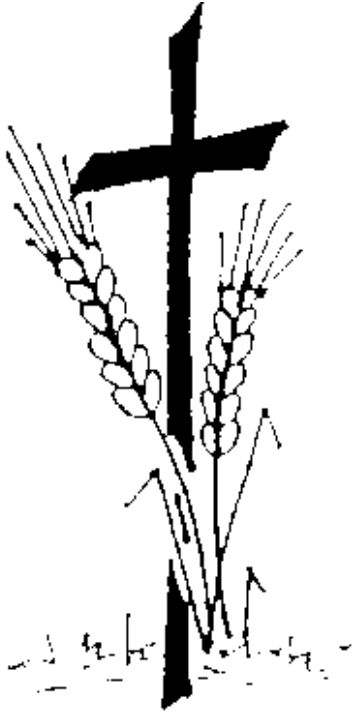
TEC begins on Saturday at 10 AM and lasts until 4 PM on Monday.

The cost of TEC is \$50.00. Sometimes the parish will pay half. Please check with your parish to see if they offer financial help. No one will be turned away because of inability to pay.

For more information or for an application form, please see your parish coordinator of youth ministry, your pastor, or contact Pat Finan, Faith Formation and Youth Ministry Coordinator, Diocese of Davenport, at (641) 842-5148.

Applications must be turned in by Wednesday, Feb. 1. Space is limited so apply early. Applications will be taken on a first-come, first-served basis.





TEC

(TEENS ENCOUNTER CHRIST) INFORMATION SHEET

TEC is a weekend experience in Christian living, which takes a Catholic perspective on the journey of faith, with an emphasis on the Paschal Mystery of Jesus in our lives. In TEC you experience:

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The 2006 TEC Retreat will be held at St. Joseph's Parish in DeWitt on February 18-20. TEC begins on Saturday at 10 a.m. and lasts until Monday at 4 p.m.

WHAT TO BRING?

casual & church clothes, sleeping bag & pillow, towel, toiletries, a snack to share and (if you have them) a Bible and a musical instrument.

WHAT NOT TO BRING

watches, more than \$15 pocket change, expensive jewelry, personal listening devices (MP3, Ipod, Walkman, CD player, etc.), cell phones, books and homework, alcohol or drugs (these items will be taken away upon registration)

COST?

\$50.00 Sometimes the parish pays half to help in order to help the young person in his spiritual growth. Please check with your parish. Nobody will be refused because of inability to pay.

SPACE IS LIMITED. APPLICATIONS WILL BE CONSIDERED IN THE ORDER THEY ARE RECEIVED, SO APPLY EARLY! APPLICATIONS MUST BE RECEIVED BY WEDNESDAY, FEBRUARY 1st.

Please fill out the enclosed application and medical release forms and distribute the reference form.

Mail all forms to:

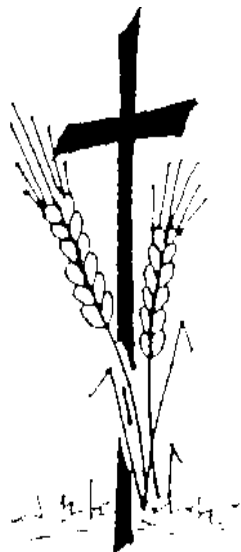
Harvest TEC

c/o Pat Finan

1286 82nd Ave.

Knoxville, IA 50138

For more information, call Pat Finan at (641) 842-5148



2006 Harvest TEC Application Form

St. Joseph's Parish, DeWitt, Feb. 18-20, 2006

Name:				
Address:				Age
City/State/Zip				
Phone		Birth date		
Parent(s)				
Parish/Town				
Email Address				
School			Year	Jr. Sr.
Reference by		Phone		

Please answer the following questions, using the other side of this sheet if necessary.

1. What other retreat experiences have you participated in?

2. Which community, school or church activities are you involved in?

3. Have you received the Sacrament of Confirmation? If so, when? (TEC is not designed to be confirmation retreat, and should not be used to fulfill parish sacramental requirements.)

4. What are some of your concerns at this time in your life?

5. It is necessary that you be present for the entire retreat from 10 AM Saturday to 4 PM Monday. Do you agree to this? **YES NO**. (If not sure if this is possible, please contact Pat at (641) 842-5148 to discuss your individual situation, or e-mail finan@davenportdiocese.org and you'll receive a phone call)

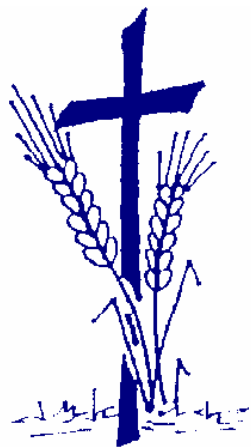
Please return this form along with a \$25.00 non-refundable deposit to:

TEC
c/o Pat Finan
1286 82nd Ave.
Knoxville, IA 50138
or email to finan@davenportdiocese.org

Please make all checks payable to
DIocese of Davenport

Some parishes pay half the \$50 registration fee. However, it is the candidate's responsibility to check with the parish. Nobody will be turned down because of inability to pay. If the parish can not help and the registration fee is a burden, please call Pat at (641) 842-5148 to work out a solution.

Part of the application process is a reference form to be filled out by a teacher, employer, youth minister or other adult, but **NOT by your parents**. Your application is not complete until we have received the reference form, so ask the person completing yours to send it in as soon as possible.



TEC REFERENCE LETTER

Dear Friend,

The young person who has given you this form is applying to participate in a TEC (Teens Encounter Christ) weekend. TEC is an experience in Christian living designed for Catholic teens and adults. It is also open to others who wish to attend. TEC is an international program with hundreds of weekends such as this being conducted in over 70 centers around the U.S. and overseas.

TEC is based on solid and up-to-date principles. The testimony of thousands of young people who have participated in the program give convincing evidence that TEC touches participants deeply and can have a very positive influence upon them.

In order that the TEC team may be able to deal personally with each candidate, we are asking that you fill out this reference form. Your comments will be kept confidential but will be shared with those adults on the team who are working with your young person. We also ask that you pray for this candidate, so that TEC may be a positive influence in his or her life.

Should you desire more information about the upcoming weekend or the TEC program itself, feel free to call me at (641) 842-5148. We sincerely appreciate your help and cooperation in filing out this form.

Thanks again for your assistance. Your comments will help our team make TEC a more meaningful experience for this candidate. Please mail your form to me at the address below.

Sincerely,

Pat Finan
Faith Formation and Youth Ministry Coordinator
Diocese of Davenport
1286 82nd Ave.
Knoxville, IA 50138

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Please detach and send with your reference form to Pat Finan, 1286 82nd Ave, Knoxville, IA 50138

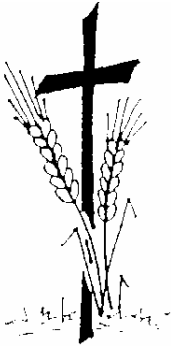
Reference Person's Name _____

Street Address _____

City/State/Zip _____

Daytime Phone _____

Evening Phone _____ Date _____



TEC CANDIDATE REFERENCE FORM

Candidate's Name _____

Reference Person _____

Phone number: Day _____ Evening _____

How well do you know the candidate? _____

In what capacity? _____

During the TEC weekend, each candidate will be participating in various activities. These include varying levels of group interaction, religious experiences and social and athletic events. So that the TEC team may best meet the needs of your candidate, it is important that you be as specific as possible with your comments. What you share is confidential and will be shared only with the adult members of the TEC team so they may better help the young person have a good experience.

1. Is the candidate active in each of the following areas? (If "yes", please describe):

A. Church Activities: YES NO

B. School-related activities YES NO

C. Part-time job YES NO

2. Has the candidate shown leadership in any of the areas listed above? YES, NO If so, please describe:

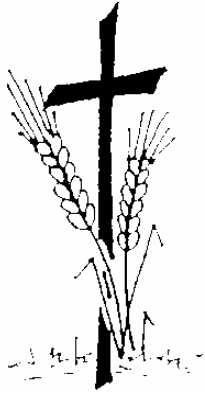
3. Are there any home situations we should know about, such as divorced or separated parents, recent additions to the family, recent deaths in the extended family, alcoholism, substance abuse, job changes, or an unemployed parent, etc.? If so, please describe:

4. Does the candidate demonstrate any personality problems? YES, NO If "yes," please describe:

5. Does the candidate demonstrate an interest in his/her religious faith? YES, NO If "yes," please describe:

6. How well do you think the candidate will participate in small group discussions?

7. On the back of this sheet, please share any additional thoughts that you feel may be pertinent.



TEC HEALTH & MEDICAL RELEASE FORM

Information on this form will be kept confidential except, when necessary, to share with select adult TEC team leaders so they may better care for your child.

Participant's name _____

Address (include zip) _____

Phone _____ Date of Birth _____

Father/guardian	
Best phone to call	
Address/City/Zip	
Mother/guardian	
Best phone to call	
Address/City/Zip	

Local relative or contact, if parents/guardians can't be reached:

Name		Relationship	
Address		Phone	

Insurance information (please include a copy of your insurance card)

Insurance Company:	Policy#:
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Health Information

Illnesses, surgeries, injuries:
Allergies, diet, physical restrictions, or pertinent behavioral concerns:
Medications:
(send ample quantities of meds for weekend in clearly marked container, with note explaining dosages, schedule)
My child may be given if needed (circle each approved) ASPIRIN TYLENOL ADVIL

Acknowledgment and Release from Liability

By signing below, I acknowledge the following:

- That the information provided on this form is complete and accurate, and that the young person named above has permission to engage in all planned TEC activities, except as noted by me or a physician.
- That I am responsible for transporting my child to/from TEC; my child will not be allowed to drive at TEC.
- In the event of an emergence, I hereby give permission to the physician selected by the director of TEC to secure proper and adequate treatment, including hospitalization, routine procedures, and surgery. I accept responsibility for all medical/surgical treatment charges which may be incurred.
- As parent/legal guardian, I remain fully responsible for legal responsibilities for actions taken by my child.
- I hereby hold harmless St. Joseph's Parish and School, DeWitt, the Diocese of Davenport, its officers, directors and agents, and all employees and chaperones associated with this event.
- I understand that while at TEC, my child will be supervised by trained adults from the Diocese of Davenport. I have made my son or daughter aware that he/she is to follow all instructions from adults associated with the TEC Team, and if that he/she is unable to comply with their instructions, he/she will not be allowed to remain at the retreat.
- Pictures of my child taken during the event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate to the retreat director in writing to the contrary.

Signature or Parent or Guardian _____ Date _____