



TEENS ENCOUNTER CHRIST RETREAT
Archdiocese of Dubuque
Registration Form

TEC# _____ Location _____ Date _____

Participant's Name: _____

Birth date: _____ Gender: _____

Home Address: _____

Home phone: _____ E-mail address: _____

School: _____ School Town: _____

Parish: _____ Parish Town: _____

Family:

Father's name: _____ Cell phone: _____

Mother's name: _____ Cell phone: _____

List siblings and their ages:

What are your interests and hobbies?

What school activities and organizations are you involved in?

Why do you want to go on TEC?

What are your expectations of the TEC weekend?