



Pass It on TEC

www.piotec.org

Atlanta, Georgia

TEAM APPLICATION

Name _____ Age _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip Code _____

First TEC attended: Number _____ and Date _____

Is this the first team on which you have served? _____

Areas in which you have served: (Check those that apply)

Conference

Wheat

Manna

Check Talks given, if applicable:

Ideals

He Is Here

Three Glances

Universal Call

Sacred Scripture

Christian Life

I Have Chosen You

Beyond TEC

Prodigal Son

Church The People

Christian In The World

The team selection committee will choose the area in which you are needed.

Trust the Lord with that decision!

Commitment is Important! Attendance at team meetings are part of your commitment to this team. The cost of the weekend is \$80.00 and will be collected at team meetings.

Signature of Applicant: _____ Date: _____

Please send this application to:

Teens Encounter Christ
C/O Heidi Lougher
4405 Bonaparte Drive
Tucker, GA 30084
(770) 496-0779

Medical Authorization

This is my authorization, as parent or legal guardian of said minor child, _____ for any hospital and/or doctor to examine and/or treat said minor child. This _____ day of _____, 20____.

Signature of Parent/Legal Guardian: _____

Insurance Company _____ Policy Number _____