



2007-2008 Spirit of St. Louis TEC (SOSLT) Candidate/Adult Observer Application – Part 1

Name: _____
Permanent Address: _____
City/State/Zip: _____
Home/Cell Phone: _____
Email Address: _____
Date of Birth: _____
School (please include city and state if applicable): _____
Parish/Church: _____
Patron or Favorite Saint (if applicable): _____

Please completely answer the following:

Which TEC weekend would you like to attend? _____

TEC Dates: February 16-18, 2008 (St. Pius High School, Festus)

Any dietary or medical needs the TEC directors need to be aware of (include any medications you are currently taking)? _____

Briefly list your school, church or community activities. _____

Do you regularly attend Mass or church services? _____

If over 18, have you participated in your diocese's child abuse protection program? _____

Emergency contact information:

Name/Relationship to you: _____

Address: _____

City/State/Zip: _____

Phone/Email: _____

By signing below, I agree that the information above is accurate to the best of my knowledge. I also agree to abide by the rules of the Spirit of St. Louis TEC Community (i.e.: no alcohol or drugs allowed; no leaving the retreat grounds except with express permission of the retreat directors once the TEC has started, etc.) and the facility where the TEC weekend is taking place. I also agree to release Spirit of St. Louis TEC from any liability or injury incurred during the retreat.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(if applicant is under 18)

Please mail the completed application to: TEC council member Mary Varni, 338A Hwy AB, St. Clair, Mo. 63077. She will give all applications to the directors of the weekend. A packet with more details will be mailed to each applicant prior to the retreat at the address supplied above. The cost for each TECite/adult observer is \$60 to be made payable to "Spirit of St. Louis TEC." Please mail the entire cost with this application if possible.

2007-2008 Spirit of St. Louis TEC (SOSLT) Candidate/Adult Observer Application – Part 2

*To be completed by a priest, religious, teacher or other adult (not related)
who knows the applicant well (24 and under applicants only)*

Your Name: _____

Address: _____

City/State/Zip: _____

Phone/Email: _____

Church/school name and city/state (if applicable): _____

1. How well do you know the applicant; for how many years? _____

2. Do you know them from (circle one):

school parish community other _____

3. In your opinion, which word best describes the relationship of the applicant to his or her peers (circle one):

loner respected not accepted well-liked accepted other _____

4. What is his or her attitude toward religion (circle one):

involved positive searching confused bored other _____

5. What best describes his or her feelings about attending the TEC weekend (circle one):

excited indifferent fulfill a graduation requirement try something new unwilling other _____

6. Briefly describe the applicant's personality, family or faith history, or any other pertinent information you think would be beneficial for the TEC directors to know about _____

Please return this part of the application to:

SOSLT Council Secretary

Mary Varni,

338A Hwy AB,

St. Clair, Mo. 63077

636-667-9797

spiritofstlouistec@yahoo.com