



Spirit of St. Louis TEC (SOSLT) Team Application – Part 1

Name: _____

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): _____

Information TEC directors need to be aware of:

dietary _____

medical _____

Indicate which team and position you are applying in the checklist below:

Wheat Team:

- _____ Wheatie
- _____ Cook
- _____ Director
- _____ Assistant Director
- _____ Spiritual Director
- _____ Musician

Conference Room Team:

- _____ Director
- _____ Assistant Director
- _____ Spiritual Director
- _____ Assistant Spiritual Director
- _____ Married Couple
- _____ Single Adult

- _____ Musician
- _____ Adult Table Leader
- _____ Resource Table Leader

Do you give permission for Spirit of St. Louis TEC to use any pictures taken during the retreat weekend for possible publication to promote the ministry? (Circle one) Yes No

List your previous TEC experience – weekends and positions _____

Have you attended a TEC Conference training/formation workshop? _____

(Over)

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

Emergency contact information:

Name/Relationship to you: _____

Address: _____

City/State/Zip: _____

Phone/Email: _____

Team members must be good role models of the Catholic faith (or at least supportive of its teachings, if non-Catholic) to the young people and adult observers who attend the TEC retreats. We have a serious responsibility before God to lead young people to Him by our words, actions and living witness of the Gospel.

Do you regularly attend Mass or church services? _____

Are you a member in good standing with the Church, or if non-Catholic, do you support its teachings? _____

All Team members must have participated in a Protecting God’s Children workshop, or another approved child abuse awareness program. Proof of attendance will be required.

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

By signing below, I agree that the information above is accurate and to abide by the rules of the Spirit of St. Louis TEC 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. I will do my best to attend the four team meetings prior to the weekend and the reunion following the retreat.

Applicant Signature _____ Date _____

*Please mail the completed application to TEC core team member:
Mary Varni
438 Riverdale Way
Union, MO 63084*