



Together Encountering Christ

TEC weekends are a powerful and prayerful three-day experience of the Catholic faith with peers and adults who want to journey more deeply into faith...together!

A TEC weekend includes small group interaction, fun and music, rituals and prayer, processions and powerful talks by young people and adults, and a chance to meet other people from all over the Archdiocese who want to go deeper in understanding and living their faith.

TEC weekends are for high school seniors and young adults through age 26. Adults who are older than 26 are welcome to attend with the understanding they are willing to consider working on future TEC weekends. Youth, Young Adults, and Adults are placed in separate small groups and sleeping spaces.

The next TEC weekend

**starts at 10:00am, Saturday, February 16, 2019
and finishes at 5:00pm, Monday, February 18!**

Save your spot no later than Friday, February 8, 2019!

(More information on back)

This TEC Weekend will be held at the Flaget Center, 1935 Lewiston Dr.,
Louisville, KY 40216

Cost includes: lodging, meals, t-shirt, and supplies

“This was the best retreat I have ever attended! The retreats I attended in the past focused on my relationships with others, but this one focused on my relationship with God and I grew closer to Him and my faith!! I hope every young adult can have the opportunity to go to a TEC retreat!”
~ A Young Adult Participant

If the retreat fee presents a financial hardship, scholarships may be available. Please inquire with your parish or the Archdiocesan Office of Youth & Young Adults (502-636-0296 or ArchLouYM@archlou.org). A true lack of funds should not prevent participation in this event!

WHAT TO BRING: Clothes and toiletries for 3 days; a 2-liter of soda or a pre-packaged snack to share. Bed linens & towels are provided.

Please **DO NOT BRING:** Watch, cell phone, or electronic devices (mp3 player, DVD player, tablet, etc.).

Please expect to stay at the Flaget Center for the duration of the retreat – 10am on the first day through 5pm on the final day – and make necessary arrangements with work, school, or family obligations beforehand. If needed, an excusal letter can be requested from the Office of Youth & Young Adults.

TEC APPLICATION:

(Check one) Youth (17-18yrs) Young Adult (19-25yrs) Adult (26yrs+) Seminarian

If you are under 18, parents must sign medical and liability waiver.

Contact info will be used for follow-up communication and shared with retreat participants and team.

Name _____ Gender _____ Age _____ Birth Date _____

Address _____ City, State, Zip _____

Home Phone _____ Participant Cell Phone _____

Participant's E-mail Address: _____

School (if applicable) _____ HS Graduation Year _____

Parish _____ Diocese (if visiting) _____

Youth only: Parent's First/Last Names _____

Youth only: Parent's Cell Phone(s) _____

Everyone: List any medical, physical, or dietary needs/limitations:

List activities you are involved in at your parish (and/or school):

Why do you want to attend a TEC weekend?

What is your religious denomination, if other than Catholic? _____

T-shirt size _____ (Participants will be receiving a t-shirt.)

Check Your Participation Qualities: Quiet _____ Average _____ Talkative _____

WHAT TO BRING: Clothes and toiletries for 3 days; a 2-liter of soda or a packaged snack. Bed linens & towels provided. **DO NOT BRING:** Watch, cell phone, or electronic devices (mp3 player, DVD player, tablet, etc.).

PLEASE COMPLETE THE WAIVER/MEDICAL INFO FORM

Payment: \$125 (send with application & medical waiver/release)

Please make checks payable to: "Archdiocese of Louisville"

Send to: Office of Youth & Young Adults, Attn: TEC, 1200 S. Shelby St., Louisville, KY 40203

This TEC Weekend will be held at the Flaget Center:

1935 Lewiston Dr. Louisville, KY 40216

(Optional) I was invited/encouraged to attend TEC by _____

WAIVER, RELEASE, AND MEDICAL INFORMATION
ARCHDIOCESE OF LOUISVILLE – OFFICE OF YOUTH & YOUNG ADULTS

Name of participant: _____ Date of Birth _____
Address _____ City _____ State ____ Zip _____
Home Phone _____ Cell Phone # _____
Emergency Contact (name) _____ Relationship to participant _____ Phone _____

Health Information

Name of Family Physician _____
Name of Insurance Co. _____
Policy # _____ Group # _____
Allergies _____

MUST LIST ALL CURRENT MEDICATIONS

(Notify retreat directors if medications change at time of TEC weekend.)

May we give Tylenol? Y / N

I do hereby, waive and release any and all claims that I may have against the Office of Youth and Young Adults of the Archdiocese of Louisville, the staff of said office, and any designated driver of a van, bus or car, for any and all injuries or losses suffered at this event. I further waive and release any and all claims against the owners, leasers or operation of any facilities or homes used for the weekend for any and all injuries or losses suffered. Further, I give permission for my image in photos and videos taken at this event to be used for Archdiocesan digital and print publications and promotions.

Participant Signature: _____ **Date** _____

UNDER 18? The following section MUST be completed if the participant is under 18 years of age.

I, _____, parent/guardian request that my child _____, be allowed to participate in the "Teens /Twenties Encounter Christ" retreat weekend. I give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in this activity. In consideration of permitting my child to participate, I do hereby, for myself and my child waive and release any and all claims that I may have against the Office of Youth and Young Adults of the Archdiocese of Louisville, the staff of said office, and any designated driver of a van, bus or car, for any and all injuries or losses suffered by said child. I further waive and release any and all claims against the owners, leasers or operation of any facilities or homes used for the weekend for any and all injuries or losses suffered by said child. In case of medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participant. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult in whose care my child has been entrusted to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein. Additionally, I give permission for my child's image in photos and videos taken at this event to be used for Archdiocesan digital and print publications and promotions.

Parent/Guardian Name (Signature) _____ Date _____

Parent/Guardian Name (Printed) _____