

## Goals of DecoTEC

To enable youth to experience the presence of Christ. His presence becomes a living reality as the participants grow into a Christian Community during the weekend.

### *In DecoTEC you experience:*

- \*A fresh atmosphere away from home, church and school;
- \*meeting young men and women from schools throughout the area;
- \*reflecting and sharing with others on how you see yourself, your ideas, hopes, and problems;
- \*finding a God you can believe in, encountering Jesus Christ alive today and forever!!!!

### *How it Happens*

The team of a DecoTEC weekend is composed of all elements: married and single adults, teens, ministers and youth ministers. All portraying through their tasks and their presence the living reality of Christ, in our lives.

The weekend revolves around people and the world we live in, offering small group experiences, liturgy, music and good food in a relaxed atmosphere.

The growth experience on a DecoTEC weekend affects and benefits all who participate, team members as well as candidates.

**FOR TEENAGERS AGE 14 - 19**

## REGISTRATION FORM

(Please Print)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
School: \_\_\_\_\_  
Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: M F

Home Church: \_\_\_\_\_  
Church Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Church Phone #: \_\_\_\_\_  
Pastor or Youth Pastor: \_\_\_\_\_  
Who invited you to come? \_\_\_\_\_

Parent's  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

### **Registration Fee: \$10.00 To be sent with registration form!**

**Donation for Weekend: \$35** The remaining \$25 is payable on Friday night when you register for the weekend. These small donations are necessary to keep the weekends going. **Make check payable to DecoTEC.**  
If the donation is a problem, please register anyway. Please don't let money keep you from coming to DecoTEC! You can always make a donation at any time to help offset the cost of the weekends.

Weekend attendance is determined on a first come first serve basis. So get your registration form in as quickly as possible. Space is limited. You will be notified of your application's acceptance and the dates of the weekend.

**For further information, please contact Bethy Noles  
(574) 606-8403 or Email: [banoles@comcast.net](mailto:banoles@comcast.net)**

**RETURN COMPLETED REGISTRATION FORM TO:**

**Bethy Noles, DecoTEC Registrar  
71446 M-62 Highway  
Edwardsburg, MI 49112**

**MEDICAL RELEASE INFORMATION**

EMERGENCY PERSON & PHONE #: \_\_\_\_\_

ANY ALLERGIES? \_\_\_\_\_

ANY HEALTH PROBLEMS? \_\_\_\_\_

ANY REGULAR SCHEDULED MEDICATIONS? \_\_\_\_\_

IF SO, WHAT ARE THEY? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ HOW OFTEN? \_\_\_\_\_

CAN WE ADMINSTRATE TYLENOL, OVER THE COUNTER MEDS OR REGULAR SCHEDULED MEDICATIONS TO YOUR CHILD? \_\_\_\_\_

IS THERE ANY OTHER INFORMATION WE SHOULD KNOW? \_\_\_\_\_

**\*\*\*IMPORTANT\*\*\***

"I hereby consent that my son/daughter be able to participate in a DecoTEC weekend. I indemny, defend & hold harmless DecoTEC and all youth leaders from all claims made & liabilities assessed against them as a result of ALL the activities. Furthermore, in case of emergency, I understand that every effort will be made to contact parents or guardians of minor child. However, if parent or guardians can't be reached, I hereby give DecoTEC leaders permission to act on my behalf in seeking medical treatment in the event that such treatment is deemed necessary or advisable for the child's health and welfare. I give permission to those administering medical treatment to do so, using the measures deemed necessary. I release DecoTEC, DecoTEC leaders, and all medical providers from liability in acting on my behalf in this regard and rending such medical treatment. I assume the risk and financial responsibility for any injury resulting for the child's activities."

Do you give permission to share your name, address & phone number with the DecoTEC Community? ( ) Yes ( ) No

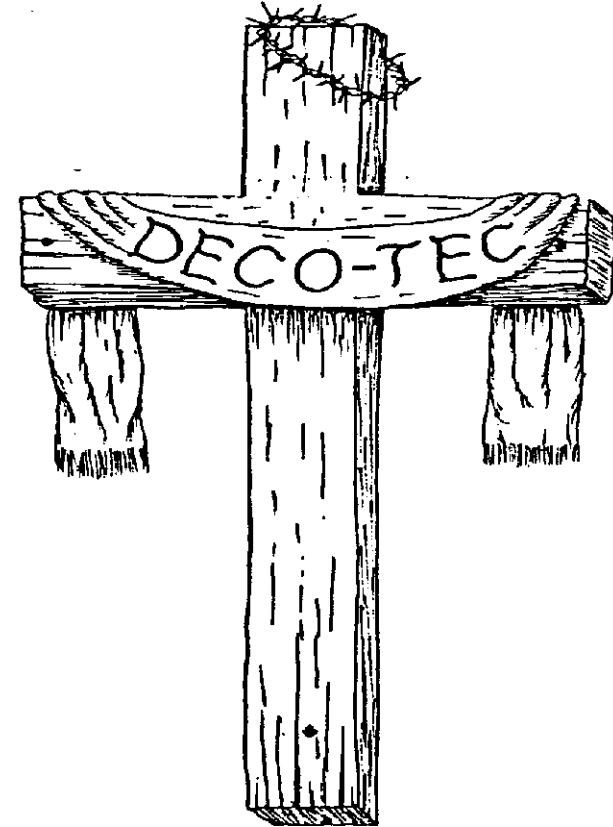
PARENT'S SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

# DECO-TEC

*A Weekend Retreat Experience  
For Today's Teenagers*



## Candidate Registration Form

Revised 8/15/12