

REGISTRATION
EPISCOPAL
TEENS ENCOUNTER CHRIST
Mail along with your check to:
Great North T.E.C.
c/o Gail Coon
3959 Long Lake Shores Rd.
Eveleth, MN 55734

PLEASE PRINT VERY CLEARLY

NAME _____ AGE _____ GRADE _____ GENDER _____

STREET _____ CITY _____ ZIP _____

PARENTS _____ PHONE _____

E-MAIL(Parent's) _____ (Youth's) _____

YOUR CHURCH _____ DENOMINATION _____

SHARE WITH YOUR PASTOR/PRIEST & HAVE HIM/HER SIGN _____

PARENT/GUARDIAN PERMISSION

I understand that (name of registrant) _____ will be attending a Great North Episcopal T.E.C. weekend on Oct 21-22-23, 2011. He/she may participate in all the activities planned for the event.

If there is an emergency please contact: _____.

Please list any medications, allergies, & health information: _____

Insurance Company _____ Policy Number _____

I understand that all reasonable safeguards will be taken but that the Episcopal Diocese of Minnesota, the Episcopal T.E.C. Community of Northern Minn., St. James Episcopal Church, Hibbing, and the leaders of this event are not responsible for accidental injury. I authorize such medical treatment as is necessary and such additional procedures as are considered necessary on the basis of finding during the course of medical examination. We, the undersigned, have read and fully understand the above statements.

DATE _____ SIGNATURE _____

T.E.C. Registrant

SIGNATURE _____

Parent/Guardian

Please return this registration by Oct 15, 2011. If your registration is being mailed after this date, contact Gail Coon at: 218-780-4206. Fax: 218-744-0275. email: swancoon@gmail.com.

