

MEDICAL RELEASE FORM:

In the event of a medical emergency, I hereby give permission to the physician selected by the T.E.C. leadership to secure proper treatment for the child attending. I certify that no guarantee or assurance has been made as to the results that may be obtained. If you do NOT have insurance, please write "none", sign and date the form.

Insurance carrier: _____ Policy number: _____

Parent signature: _____ Date: _____

Check NONE: ___ or list allergies and special medical conditions below.

TEAM must enclose a check to Heartland T.E.C. for \$55. No family is required to pay more than \$110. A limited number of 1/4, 1/2 and 3/4 scholarships are available. Call Linda Meduna at 402-483-6062 to request the **required** application. Payment will be arranged before the first training meeting.

YOUR TEC EXPERIENCE:

Which TEC were you a candidate: _____

Which TECs have you worked on the following teams:

STL: _____ Music Team: _____ Wheat Team: _____

Support Team: _____ Kitchen Team: _____ Team R/R: _____

List talk# & TEC if you were a presenter: _____

INFORMATION ABOUT YOUR TEAM AND TALK PREFERENCES:

Prioritize the teams you would like to work.

STL: _____ Support Team: _____ Kitchen Team: _____

Wheat Team: _____ Music: _____

If Music is a choice, list instruments:

Is God leading you to present any of the following talks?

- _____ Talk #1 Who am I
- _____ Talk #2 Who am I in Relationship to God
- _____ Talk #3 God Is Love
- _____ Talk #6 Need for Community
- _____ Talk #7 What Would Jesus Do
- _____ Talk #8 Christians Called to Action

Request outlines to help you write your talk.

**To be considered for leadership
send this application by 10/11/08**

**Lou Meduna
4810 Starling Drive
Lincoln, NE 68516**

**Linda Meduna will answer
questions: 402-483-6062
Heartlandtec.org**

**Include a check to
Heartland T.E.C. for \$55.**