



TEC Registration Payment Slip

Name of TEC Registrant: _____

What is the TEC event date? _____

Please mark the appropriate line:

_____ Attached is my non-refundable deposit of \$45.00. (check # _____)

_____ Attached is my \$90.00 check, covering the full amount of the TEC cost, which includes the \$45 non-refundable deposit. (check # _____)

Please make all checks payable to **Youth Office of Evangelization**, and mail your check, along with this slip, to:

Archdiocese of Kansas City in Kansas
Attn: Donna Coen
12615 Parallel Pkwy
Kansas City, KS 66109