



BUKÁS-LOÓB SA DIYÓS COVENANT COMMUNITY

A Private Association of the Faithful in the Archdiocese of Newark

BLD Newark Youth Ministry APPLICATION FORM

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FIRST NAME: _____ NICKNAME: _____

LAST NAME: _____ AGE: _____

BIRTHDAY: _____ GENDER: _____

ADDRESS: _____

Street No. _____

City _____

State, Zip Code _____

TELEPHONE: _____

E:MAIL: _____

NAME OF FATHER: _____ BLD Affiliation _____

NAME OF MOTHER: _____ BLD Affiliation _____

NAME OF SPONSOR (who invited you to the retreat) _____

Signature (Candidate): _____ Date: _____

Notes:

1. The Youth Encounter is from Friday July 7, 2006, 5:00PM to Sunday July 9, 2006, 5:00PM, to be held at St. Francis Retreat House in Easton, Pennsylvania.
2. You must be 15 (on the encounter year) to 19 years of age.
3. Limited to (35) applicants on a first come, first serve basis. No walk-in applicants.
4. The registration fee is \$95.00 for the entire weekend.
Please make checks payable to BLD.
5. DEADLINE FOR SUBMISSION OF APPLICATION AND PAYMENT IS FRIDAY, June 9, 2006. This is not a confirmed application unless fully paid.

Parental Consent/Waiver:

I hereby give my child _____ permission to attend the Youth Encounter Weekend Retreat sponsored by BLD Newark. I waive and release any and all rights and claims for damages which I may have against Bukas Loob sa Diyos Covenant Community and all of their agents, servants and members, for any and all injuries which my child may incur while taking part in your program.

As a parent, I understand that it is my responsibility to pick up my child at the pre-determined time. I also understand that if my child becomes ill or destructive, the 'Emergency Contact' person will be called to take him/her home.

Please indicate any medical problems and/or allergies that your child has:

None _____ If there are any medical concerns, please explain: _____

Contact person in case of emergency: _____ Tel No. _____

Signature (Parent or Guardian): _____ Date: _____

Contacts: Mario & Cecile Salonga (516) 561-6854
Marvin Venadas (973) 562-0055