



**BUKAS LOOB SA DIYOS
COVENANT COMMUNITY
TRENTON DIOCESE**

APPLICATION FORM

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FIRST NAME: _____ **NICKNAME:** _____
LAST NAME: _____ **AGE:** _____
BIRTHDAY: _____ **GENDER:** _____
ADDRESS: _____
TELEPHONE: _____
E:MAIL: _____
FATHER'S NAME: _____ **BLD Affiliation** _____
MOTHER'S NAME: _____
NAME OF SPONSOR (who invited you to the retreat) _____

Signature (Candidate): _____ **Date:** _____

Notes:

- 1 The John 6 CROSSING Retreat is from Friday, MAY 2, 2008 to Sunday MAY 4, 2008.
2. You must be 11 to 15 years of age in 2008.
4. The registration fee is \$90.00 for the entire weekend.
5. DEADLINE FOR SUBMISSION OF APPLICATION AND PAYMENT IS FRIDAY, APRIL 18, 2008. This is not a confirmed application unless fully paid.
6. Please make check payable to BLD Trenton.
7. This John 6 Crossing is to be held at Ramada Limited, So. Plainfield, N.J.

Parental Consent/Waiver:

I hereby give my child _____ permission to attend the John 6 CROSSING Weekend Retreat sponsored by the BLD Trenton. I waive and release any and all rights and claims for damages which I may have against Bukas Loob Sa Diyos, Trenton Covenant Community and all of their agents, servants and members, for any and all injuries which my child may incur while taking part in the John 6 CROSSING Retreat.

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 distractive, the "Emergency Contact" person will be called to take him/her home.

Please indicate any medical problems and/or allergies that your child has: _____
 Contact person in case of emergency: _____ Tel.No. _____

SIGNATURE OF PARENTS/GUARDIAN: _____ **Date:** _____

**CONTACTS: Glenn/Jo Ramos (732)688-2218; Alex/Dette Santos (732)251-6517
 Erwin/Grace Bustamante (732)939-7686**

