

# BUKAS-LOOB SA DIYOS YOUTH MINISTRY

## DIOCESE OF TRENTON

### APPLICATION FORM FOR YOUTH ENCOUNTER # 8



DATE: **June 25 – 27, 2010**

VENUE: **Radisson Hotel - 30 Minue Street, Carteret, NJ 07008 - (732) 541-2005**

Please PRINT all information clearly.

APPLICATION FOR:  CANDIDATE  SPONSOR  AUXIE  OTHER, specify:

APPLICANT's NAME: (Last, First, MI)

NICKNAME: (if any)

BIRTHDATE:

GENDER:

M  F

ADDRESS: (No., Street, City, State, ZIP)

PHONE:

MOBILE:

EMAIL:

CHURCH/PARISH:

PARISH PRIEST:

BAPTIZED:  YES  NO

CONFIRMED:  YES  NO

#### Additional Information

FATHER's NAME:

CONTACT INFORMATION:

BLD COMMUNITY  
MEMBER:

MOTHER's NAME:

CONTACT INFORMATION:

ME # \_\_\_\_\_

LSS # \_\_\_\_\_

BROTHERS / SISTERS:

AGE:

SPONSOR's NAME and INFORMATION:

#### Retreat Information:

**FEE: \$95.00** (entire weekend includes meals), please make check payable to **BLD Trenton** CHECK #: \_\_\_\_\_

If you have any questions please contact: **Raul & Mimi Caragay - (732) 318-9359**

Please let us know if you have any medical requirements or any special needs during the weekend.

Please also complete and sign the YE Waiver on the next page.

NOTE: Mobile communications (cellular phones, laptops etc.) will not be permitted during the retreat.

#### Signature and Authorization:

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



# WAIVER

I hereby allow my child, \_\_\_\_\_,  
to join The Diocese of Trenton Outreach sponsored Youth Encounter  
Retreat No. 8. To be held on **June 25, 26 & 27, 2010** at the Radisson  
Hotel in Carteret, NJ. In doing so, I hereby release BLD - Diocese of  
Trenton of any liability due to any unforeseeable circumstance that  
may arise and which is beyond the control of those who have been  
given the responsibility to oversee the scheduled activities during the  
weekend retreat. In case my child needs medical attention, we  
authorize the BLD medical doctor on duty to dispense medication.

**Parent or Guardian:**

\_\_\_\_\_

**Signature**

**Date**

\_\_\_\_\_

**Printed Name**

**Please list if there are any drug or food allergies. If none please write  
N/A on the space provided below.**

**Allergies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_