

BUKAS-LOOB SA DIYOS YOUTH MINISTRY



APPLICATION FORM FOR YOUTH ENCOUNTER # 9

DATE: **August 19-21,2011**

VENUE: Radisson Hotel and Resort, Carteret, NJ 07008

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; Manny & Jocelyn Rodriguez-(908)692-6710**

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. 9. To be held on **Aug. 19 to 21, 2011** at the Radisson Hotel
& Resort 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: _____
