



BUKAS LOOB SA DIYOS
Covenant Community Diocese of Trenton
SINGLES MINISTRY

Singles Encounter # 10 Application Form

<p>Retreat Info:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Must be 19 yrs. Or older at the time of the SE Retreat <input type="checkbox"/> Use of Cell Phones, Laptops or other electronic devices will not be permitted during the retreat. <input type="checkbox"/> Please let us know beforehand if you have any medical concerns or requirements during the retreat. A medical team will be on site. <input type="checkbox"/> Bring your own linens/ beddings. 	<p>If you have any questions or concerns please call:</p> <p>Jasmin Zulueta ldjzulueta@aol.com (848) 333-7233</p> <p>Keith Rodriguez ekrodriguez4@aol.com (732) 492-0995</p> <p>Arlene/Eric Tan eric10arlene@gmail.com (848) 992-4255</p>	<p>Venue: America's Keswick 601 County Rd. 530 Whiting, NJ 08759</p> <p>Website: https://americaskeswick.org/</p> <p>Start Time: January 10, 2020 at 5:30 PM End Time: January 12, 2020 at 3:00 PM</p>
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DEADLINE FOR ALL APPLICATION DUE ON: Wednesday, November 20, 2019
Please PRINT or TYPE all information clearly. This application MUST be fully completed and payment received to be considered as a participating candidate for the retreat.

Participant's Name: (Last & First)		Nickname (If any):	Date of Birth (mm/dd/yyyy)	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address: (No., Street, City, ZIP)			Religion:	Baptism: <input type="checkbox"/> YES <input type="checkbox"/> NO	Confirmation: <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Telephone:	Cell Phone:	Primary Email Address:		Any Special Medical Needs: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES specify: (medical staff on-site)	
Educational Completion:		If Student, Name of School: <input type="checkbox"/> Full -Time <input type="checkbox"/> Part-Time			
Occupation:	Do you need a ride? : <input type="checkbox"/> YES <input type="checkbox"/> NO			Allergies, Special Diet, etc.?	

Part II – Contact Information

Name of Emergency Contact & Relationship:		Primary Phone:	Secondary Phone:
Name of Father:		Phone #:	E-Mail Address:
Name of Mother:		Phone #:	E-Mail Address:
Name of Family Members: (brothers, sisters, and/or relatives)		Phone #:	E-Mail Address:
Names of Friends or Relatives in BLD:		_____	
Name of Sponsor (Who mentioned retreat to you?):		Applicant Signature	Date

\$100.00	Cash <input type="checkbox"/>	Please make the check payable to BLD Trenton.	Check #	Amount Paid:	Balance:
	Check <input type="checkbox"/>		Received by:	Date Received:	Remarks:



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**Keep
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