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

APPLICATION FORM

6

FIRST NAME: _____ **NICKNAME:** _____

LAST NAME: _____ **AGE:** _____

BIRTHDAY: _____ **GENDER** _____

ADDRESS: _____

C

TELEPHONE:(H) _____ **(M)** _____

E MAIL: _____

r

FATHER'S NAME: _____ **BLD Affiliation:** _____

o

FATHER'S #: _____ **EMAIL:** _____

s

MOTHER'S NAME: _____

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MOTHER'S #: _____ **EMAIL:** _____

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SPONSOR (Who invited you to the retreat) _____

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SIGNATURE (Candidate): _____ **Date:** _____

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Notes:

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1. The John 6 Crossing Retreat is scheduled from Friday May 29(5pm) to Sunday May31,2015 – (4:00pm) at Archdiocesan Youth Retreat Center , 499 Belgrove Drive, Kearney NJ 07032,

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2. You must be 11 to 15 years of age in 2015.

3. Registration fee is \$ 110.00 for the entire weekend (Make check payable to BLD Trenton)

4. DEADLINE FOR SUBMISSION OF APPLICATION AND PAYMENT IS FRIDAY, APRIL 24, 2015 (Not a confirmed application unless fully paid) CONTACTS: Dan/Jean Catarata (732)341-7659;

Malou/Eugene Yosucico(732)922-6150 ; Jojo & Ino Dominguez -732 952 8568