

# BUKAS-LOOB SA DIYOS YOUTH MINISTRY

## DIOCESE OF TRENTON



### APPLICATION FORM FOR YOUTH LIFE IN THE SPIRIT SEMINAR #15

DATE: April 5-7, 2019

VENUE: TBA

Please PRINT all information clearly.

APPLICATION FOR:  CANDIDATE  SPONSOR  AUXIE  OTHER, specify:

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

NICKNAME: (if any)

BIRTHDATE:

GENDER:

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: FREE** (meals and beverages will be provided) All applicants are required to attend a YLSS orientation.

If you have any questions please contact: Mildred 702-686-7384 & Wendell Lumapas

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

Please also complete and sign the YLSS Consent Form on the next page.

NOTE: Deadline for the application is February 8, 2019

#### Signature and Authorization:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**BUKAS-LOOB SA DIYOS YOUTH MINISTRY  
DIOCESE OF TRENTON**



**PARENTAL CONSENT FORM FOR YOUTH LIFE IN THE SPIRIT SEMINAR # 15**

**PARENTAL CONSENT FORM**

**EVENT: Youth Life in the Spirit Seminar #15  
DATE: April 5-7, 2019  
VENUE: TBA  
TIME: TBA**

I hereby give my child, \_\_\_\_\_, permission to attend the Youth Life in the Spirit Seminar sponsored by BLD Trenton. I waive and release any and all rights and claims for damages which I may have against the Bukas Loob sa Diyos (BLD) Covenant Community and for all agents and members (who will serve during the weekend) for any and all injuries which my child may incur while taking part in the retreat. As a parent or guardian, I understand that it is my responsibility to pick up my child at the predetermined time. I also understand that if my child becomes ill or destructive, the Emergency Contact Person (listed below) will be called to take him/her home.

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

**Emergency Contact Person:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_