

# BUKAS-LOOB SA DIYOS YOUTH MINISTRY



## APPLICATION FORM FOR YOUTH ENCOUNTER # 14

DATE: **July 21 – 23, 2017**

VENUE: Days Inn, 195 NJ-18 East Brunswick, NJ 08816

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: \$100.00** (entire weekend includes meals), please make check payable to **BLD Trenton** CHECK #: \_\_\_\_\_

If you have any questions please contact: **Dennis & Jasmin Zulueta (848)333-7233, (848)480-5666; Eric & Jedy Bustamante – 732-486-5262/732-621-4691**

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. 13. To be held on **July 21 to 23, 2017** at the Days Inn  
Conference Center, 195 US-18, East Brunswick, NJ 08816. 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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_