



**FAMILY ENCOUNTER WEEKEND APPLICATION FORM**  
**BUKAS LOOB SA DIYOS COVENANT COMMUNITY, TORONTO DISTRICT**

	Surname	Given Names	Preferred Name Printed on the Name Tag	S E X	Date of Birth (MM/DD/YYYY)	Occupation	Hobbies	Religion	ME/ SPE/ YE/ SE#	LSS/ MARK 10/ YLSS#
Husband										
Wife										
Children										

Wedding Anniversary : \_\_\_\_\_  Covenanted Disciple  Committed Disciple  Committed Member  
 (MM/DD/YYYY)  Ministry Currently Serving \_\_\_\_\_

Home Address : \_\_\_\_\_

Home Tel#: (\_\_\_\_) \_\_\_\_\_ Husband's Cell#: (\_\_\_\_) \_\_\_\_\_ Wife's Cell#: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_  Husband's Home  Wife's Home  Husband's Work  Wife's Work

Alternate Email: \_\_\_\_\_  Husband's Home  Wife's Home  Husband's Work  Wife's Work

Person to Contact in case of Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel#: (\_\_\_\_) \_\_\_\_\_

Family Physician : \_\_\_\_\_ Tel#: (\_\_\_\_) \_\_\_\_\_

Total No. of Family Members Attending the Weekend : \_\_\_\_\_

Special Medical / Diet Needs : \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Total Estimated Fees : _____			
	Check Date	Amt. Received	Balance
Deposit	_____	_____	_____
2nd Payment	_____	_____	_____
3rd Payment	_____	_____	_____
4th Payment	_____	_____	_____

**WAIVER OF RESPONSIBILITY:**

We agree to participate in all activities and Catholic Liturgy during the weekend. We agree to release the BUKAS-LOOB SA DIYOS COVENANT COMMUNITY, TORONTO DISTRICT, its organizers and volunteers, from damage or losses resulting from any accidents or injuries that are caused or may arise from our participation during or while in attendance of the Family Encounter Weekend seminar.

Husband: \_\_\_\_\_  
(signature) (date)

Wife: \_\_\_\_\_  
(signature) (date)

Children over 18:

\_\_\_\_\_  
(name) (signature) (date)

\_\_\_\_\_  
(name) (signature) (date)

\_\_\_\_\_  
(name) (signature) (date)

\_\_\_\_\_  
(name) (signature) (date)

**PRIVACY POLICY:**

The Bukas-Loob sa Diyos (BLD) Covenant Community, Toronto District, recognizes the importance of privacy and is committed to handling any personal data that you give to us in a respectful and lawful manner. Your personal information will not be shared or sold to any other organizations, but will be used for our internal purposes only.

I/We have read and understood the above:

Husband: \_\_\_\_\_  
(signature) (date)

Wife: \_\_\_\_\_  
(signature) (date)

Children over 18:

\_\_\_\_\_  
(name) (signature) (date)

\_\_\_\_\_  
(name) (signature) (date)

\_\_\_\_\_  
(name) (signature) (date)

\_\_\_\_\_  
(name) (signature) (date)