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**Bukas Loob Sa Diyos Covenant Community
Diocese of Phoenix
Application Form**



FIRST NAME: _____ NICKNAME: _____
LAST NAME: _____ AGE: _____
BIRTHDAY: _____ GENDER: _____
ADDRESS: _____
TELEPHONE: _____
E-MAIL: _____
FATHER'S NAME: _____ BLD AFFILIATION: _____
MOTHER'S NAME: _____
NAME OF SPONSOR (who invited you to the retreat): _____
SIGNATURE (Candidate): _____ DATE: _____

Notes:

1. The John 6 Crossing Retreat is from Saturday May 8, 2010, 8:00 a.m. to Sunday, May 9, 2010, 6:00 p.m. at Queen of Peace, 141 N Macdonald St, Mesa, AZ 85201.
2. Candidate must be must be 12 to 14 years of age in 2010.
3. The registration fee is \$60.⁰⁰ for the entire weekend.
4. DEADLINE FOR SUBMISSION OF APPLICATION AND PAYMENT IS FRIDAY, May 5, 2010.
5. Please make check payable to BLD Phoenix.
6. Lodging for Saturday evening will be provided by BLD Host families.

Parental Consent/Waiver:

I hereby give my child _____ permission to attend the John 6 Crossing Weekend Retreat sponsored by BLD Phoenix. I waive and release any and all rights and claims for damages which I may have against Bukas Loob Sa Diyos Phoenix Covenant Community and all of their agents, servants, and members, for any and all injuries which my child may incur while taking part in the John 6 Crossing Retreat.

As a parent/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 distractive, the "Emergency Contact" person will be called to take him/her home.

Please indicate any medical problems and/or allergies that your child has:

Contact person in case of emergency: _____ Tel. No.: _____

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____

**CONTACTS: Butch and Bing Omega – Tel # 480 297 9905 or 480 399 8308
Crosby and Mariz Cortez – Tel# 480 370 3375 or 732 547 1423**