



# BUKAS - LOOB SA DIYOS

## Application Form for Singles Encounter #2

<b>RETREAT DATE:</b> Feb. 8-10, 2008  <b>REATREAT LOCATION:</b> Desert Outdoor Center at Lake Pleasant 41402 N. 87th Ave. Peoria AZ 85383	<b>QUESTIONS &amp; INQUIRIES:</b> Contact: LEE or ARLENE JUNIA 623-703-2550/623-707-3154  PEDRO & CITA RIVERA 602-549-8070/480-634-5414 privera3@cox.net	Ψ The retreat is from Friday (5:30pm) to Sunday (5:00pm). Ψ The retreat is open to single individuals ages 21 & above. (Must be 20 years old by Feb. 8, 2008). Ψ Mobile communications (cellular phones, beepers, lap tops, etc) will not be permitted during the retreat. Ψ Smoking is permitted only in designated areas. Ψ Please let us know beforehand if you have any medical concerns or requirements during retreat. A medical team will on site. Ψ Available slots are limited.
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**APPLICATION & PAYMENT DEADLINE: FEBRUARY 4, 2008**  
 Please PRINT or TYPE all information clearly. This application MUST be fully completed and payment received, to be considered as a participating candidate.

PARTICIPANTS NAME (Last, First, M.I.)		NICKNAME (if any)	DATE OF BIRTH (mm/dd/yyyy)	AGE	GENDER Female Male
HOME ADDRESS (No., Street, City, State, Zip)			RELIGION	BLD COMMUNITY PARTICIPATION	
HOME PHONE#	CELLPHONE/PAGER/FAX	PRIMARY E-MAIL ADDRESS		YE#	MO/YR
HIGHEST LEVEL OF EDUCATION ATTAINED		NAME OF EDUCATIONAL INSTITUTION		YLSS#	MO/YR
				LSS#	MO/YR
IF STUDENT, NAME OF SCHOOL		Full Time	Part Time	FE#	MO/YR
		SCHOOL ADDRESS		OTHER	
		SCHOOL PHONE#			
OCCUPATION & NAME OF EMPLOYER		Full Time	Part Time	WORK ADDRESS	
		WORK ADDRESS		WORK PHONE#	

**PLEASE PROVIDE ADDITIONAL INFORMATION BELOW**

NAME OF EMERGENCY CONTACT & RELATIONSHIP		PRIMARY PHONE#	SECONDARY PHONE#
NAME OF FATHER		PHONE#	FAX#/E-MAIL ADDRESS
NAME OF MOTHER		PHONE#	FAX#/E-MAIL ADDRESS
NAME OF FAMILY MEMBERS (Brothers,sisters,and/or relatives)		PHONE#	FAX#/E-MAIL ADDRESS
NAME OF BEST FRIEND		PHONE#	FAX#/E-MAIL ADDRESS

**FOR ADMINISTRATION PURPOSES ONLY**

<b>RETREAT FEE</b> (Meals Included)  <h2 style="text-align: center;">\$ 100.00</h2>	<b>PAYMENT</b>  CHECK CASH MONEY ORDER	PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: BLD Phoenix	
		CHECK#  RECEIVED BY:	AMOUNT PAID:                      BALANCE:  DATE RECEIVED:                      REMARKS: