



BUKÁS-LOÓB SA DIYÓS
Covenant Community
Vancouver District
SOLO PARENTS MINISTRY



Please print information clearly. Do not leave anything blank.

Name (Last, First, M.I.)		Nickname	Birthdate (dd/mm/yy)	Gender
Home Address (Number, Street, City, Province, Postal Code)			Name of Parish / Service (if any)	
Home Phone	Cell Phone		BLD Community Participation (if applicable)	
Email Address	Care Card No.		LSS# _____ Mo/Yr _____ District	
Educational Attainment			Encounter _____ # _____ Mo/Yr _____ District	
			Others _____	
Occupation	Name of Company / Address		Work Phone	
Special Medical Needs			Musical Instruments Played: <input type="checkbox"/> Guitar <input type="checkbox"/> Keyboard <input type="checkbox"/> Drums <input type="checkbox"/> Other _____	
Contact Person in case of Emergency / Relationship			Phone Number	
Names of Children / Age / Phone Numbers			Status: <input type="checkbox"/> Widow/widower <input type="checkbox"/> Single with children <input type="checkbox"/> Married, but living separately from spouse <input type="checkbox"/> Legally separated or divorced <input type="checkbox"/> Married, spouse is incapacitated or bedridden <input type="checkbox"/> Married, spouse living abroad <input type="checkbox"/> Mature single	
Name of Sponsor		Sponsor's BLD Affiliation (ME/SPE/SE/YE/FE/LSS)		
<p><u>WAIVER OF RESPONSIBILITY</u></p> <p>I hereby release BLD, the Solo Parents Encounter Weekend organizers and volunteers, Little Flower Monastery and the Archdiocese of Vancouver from liability in the case of damages or losses resulting from accidents or injuries that are caused by or may arise from my participation during this Weekend. I request that the Encounter organizers (including Little Flower Monastery) issue or authorize emergency medical assistance if it should be required. I also consent to having photographs of myself, used by the BLD Community and the Little Flower Monastery, on their websites, newsletters, and other promotional materials.</p>				
Signature _____			Date _____	

For BLD Use Only:

Payment <input type="checkbox"/> CHEQUE (Payable to "Bukas-Loob sa Diyos") <input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER Retreat Fee - \$180 per person by May 22, 2022 (Meals Included)	Cheque Number	Amount Paid	Balance
	Bank		
	Received by	Date Received	Remarks