



# BUKAS-LOOB SA DIYOS COVENANT COMMUNITY

## Vancouver District

### Family Encounter #10



Last Name: \_\_\_\_\_

Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_

Work Telephone: (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Other Telephone Numbers: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

ME Class No: \_\_\_\_\_ LSS No: \_\_\_\_\_ Ministry: \_\_\_\_\_ Covenanted: \_\_\_\_\_

#### Children:

<b>Name</b>	
<b>Birthdate</b>	
<b>Current Address</b>	
<b>Email</b>	
<b>Community Involvement</b>	
<b>Name</b>	
<b>Birthdate</b>	
<b>Current Address</b>	
<b>Email</b>	
<b>Community Involvement</b>	

*Please use extra sheet for any additional children*



**BUKAS-LOOB SA DIYOS  
COVENANT COMMUNITY  
Vancouver District  
Family Encounter #10**



**All family members must have been baptized and confirmed in the Catholic Church.**

Medical Attention: \_\_\_\_\_

Special Diet: \_\_\_\_\_

*We commit to participate in all activities and Catholic liturgy activities during the entire weekend.*

Signed:

\_\_\_\_\_

Father

\_\_\_\_\_

Mother

\_\_\_\_\_

Child

\_\_\_\_\_

Child

\_\_\_\_\_

Child

\_\_\_\_\_

Child

**Cost: \$150 per member of the family**

**Please make your cheque payable to “Bukas Loob Sa Diyos – Vancouver District”.**

*“We’re building a household of Faith”*