



BUKÁS LOÓB SA DIYÓS
COVENANT COMMUNITY



Dear _____:

“and that Christ may dwell in your hearts through faith; that you, rooted and grounded in love, may have strength to comprehend with all the holy ones what is the breadth and length and height and depth, and to know the love of Christ that surpasses knowledge, so that you may be filled with all the fullness of God”

Ephesians 3:17-19

We, the members of the Singles' Ministry, earnestly invite you to join us in the forthcoming **Bukas Loob sa Diyos (BLD) Singles' Encounter Weekend No. 21 (SE #21)**. The details are as follows:

- Date:** June 9 - 11, 2023 (Friday – Sunday)
- Location:** Carmel Hill Little Flower Monastery
10789 N Deroche Rd,
Deroche, BC V0M 1G0
- Time:** Registration starts promptly at 5:30 pm on Friday, June 9, 2023
Ends at approximately 4:30 pm on Sunday, June 11, 2023
- Cost:** \$180.00 Cdn (includes meals, lodging, and materials)

Like us, we hope you will find the weekend to be very rewarding and full of opportunities to reflect on your present situation in life as well as to discover its meaning. As we deepened our interpersonal relationships with family and friends, we achieved a closer, more personal relationship with the LORD our GOD and experienced HIS love in a very intimate way. We promise you a truly invigorating and memorable weekend.

Please complete the attached application and send it to us by June 2, 2023 with your minimum \$90.00 deposit. The deadline for full payment is June 9, 2023.

We hope to see you there and share with you the love and joy we too have experienced in CHRIST.

For more information, please contact the Singles Ministry coordinators Frankie (778) 903-5099 and Minnie (778) 951-9785 Tutor.

In the love and service of the Lord,

Singles Ministry



PERSONAL INFORMATION SHEET

GENERAL INFORMATION (this section must be completed IN FULL where applicable please)

Name: _____
(Last) (First) (Middle) (Preferred Nickname)

Address: _____ Telephone (Home) _____

(Work) : _____

(Cell) : _____

Email: _____

Birthday: _____ Age _____ Sex: M _____ F _____
(mm/dd/yy)

Citizenship: _____

Religion: _____

Name & Location of Parish: _____

FAMILY INFORMATION (please fill out where applicable)

Father: _____ Mother: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Family Member(s) / Relatives / Friends that you know, who are already BLD Community members: _____
(name) (relationship)

COMMUNITY PARTICIPATION (please fill where applicable)

LSS# _____ Month/Year _____ City: _____

FE# _____ Month/Year _____ City: _____

Other: _____

Are you a Covenanted member? No _____ Yes _____

* Who invited you to join the Singles' Encounter#21 _____

Over please

Educational Attainment: _____

Occupation: _____

School or Place of Employment: _____

Do you require transportation to the venue? No _____ Yes _____

Can you provide transportation to the venue? No _____ Yes _____

• if yes, for how many? _____

MEDICAL

Do you require special attention? _____

(any allergies, medical condition, vegetarian diet, etc.)

Will you be bringing along medication that need to be refrigerated? _____

In case of Emergency please contact: _____

Relationship: _____ Phone: _____

Note: This is on a **First Come, First Serve** basis. This is not a confirmed application unless fully paid. A minimum of \$90.00 deposit will “reserve” a spot for you.

Deadline for full payment is June 9, 2023. Deposits required by June 2, 2023

In case of cancellation, full refund of any payment(s) received will be made only upon submission of NOTICE of CANCELLATION 15 days prior to the commencement of the retreat weekend. If you have been booked for the seminar, your \$90 deposit, will be forfeited in cases of “no shows”.

** Out-of-country registrants are encouraged to purchase his/her medical insurance coverage.

Please make cheques payable to “BLD Covenant Community”

Deposit enclosed \$ _____

Paid in full _____ Received by Sponsoring Class Treasurer: _____

WAIVER OF RESPONSIBILITY

*I hereby release **BLD** & its organizers & volunteers, Imitating Christ Ministry and Archdiocese of Vancouver from liability in the case of damages or losses resulting from any accidents or injuries that are caused or may arise from my participation during or while in attendance at the facility. I request that the Encounter organizers (including Imitating Christ Ministry) issue authorize emergency medical assistance if it should require. I also consent having photographs of myself used by BLD Community on it’s website, newsletter and other promotional material*

Signature: _____ Date: _____