



# BUKÁS-LOÓB SA DIYÓS

(Open in Spirit to God)  
CATHOLIC CHARISMATIC COVENANT COMMUNITY  
Vancouver District

ME Class No. 47

## APPLICATION FORM and COUPLE INFORMATION SHEET

HUSBAND WIFE

NAME:

\_\_\_\_\_

\_\_\_\_\_

NICKNAME:

\_\_\_\_\_

\_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

HOME TEL. NO.:

\_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH:

\_\_\_\_\_

\_\_\_\_\_

CELLPHONE:

\_\_\_\_\_

\_\_\_\_\_

EDUC. ATTAINMENT:

\_\_\_\_\_

\_\_\_\_\_

RELIGION:

\_\_\_\_\_

\_\_\_\_\_

WEDDING ANNIVERSARY: \_\_\_\_\_

CHURCH: \_\_\_\_\_

RELIGIOUS ORGANIZATIONS: \_\_\_\_\_

OTHER PERTINENT INFORMATION: \_\_\_\_\_

EMAIL:

\_\_\_\_\_

CHILDREN

NAME

BIRTHDAY

AGE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CIVIC ORGANIZATION: \_\_\_\_\_

We are submitting our application and information sheet for your review for:

**BLD Vancouver M.E. No. 47 for April 25-27, 2025**

We have a BLD Member who is sponsoring us to attend the Marriage Encounter Weekend NAME OF M.E. SPONSOR: \_\_\_\_\_ TEL. NO. \_\_\_\_\_

**We commit to participating in all the activities and Catholic Liturgy during the weekend.**

COUPLE'S SIGNATURE:

\_\_\_\_\_

HUSBAND

\_\_\_\_\_

WIFE

I/We have a dietary restriction:

For husband:

\_\_\_\_\_

For wife:

\_\_\_\_\_

PLEASE NOTE:

1. This registration will not be considered unless accompanied by the following:
  - a. A copy of your Catholic Marriage Certificate or any acceptable documentation showing that you have been married in a Catholic Church.
  - b. A copy of your civil marriage certificate if you are married civilly. Please take note: we will need the Spiritual Director's approval for those civilly married couples.
2. Photographs of registrants must be attached to the registration form.
3. Out-of-country registrants are encouraged to purchase their medical insurance coverage.

SEMINAR FEE: Regular price of \$300.00 per couple.

This includes seminar materials, food, and lodging for the whole weekend.



WAIVER OF RESPONSIBILITY I/We hereby release the Bukas-Loob sa Diyos, its organization, and its volunteers from damages or losses resulting from any accidents or injuries that are caused or may arise from my/our participation during or while in attendance in the facility.

Signature of registrants: \_\_\_\_\_

Date:

Sponsoring Couple:

ME Class No.:

Address/Tel#: