



BUKÁS-LOÓB SA DIYÓS COVENANT COMMUNITY

A Private Association of the Faithful in the Archdiocese of Newark

BLD Newark Youth Ministry

Youth Encounter (YE) # 24

What is the *Youth Encounter*?

The Youth Encounter (referred to as YE) is a weekend program that provides the youth with an opportunity to grow in faith among their peers. The youth encounter provides a venue where they can share, reflect and exercise their God-given spiritual gifts in a youthful environment. The youth encounter will help them realize that they need to come home to the Lord. It is the hope that the program will help the youth make a conscious effort to live a Christ-centered life.

Who is conducting the Youth Encounter?

The Youth Encounter is a program of the Bukas Loob Sa Diyos (BLD) Youth Ministry. The Bukas Loob sa Diyos (Open to the Spirit) is a covenant community and a Private Lay Association of the Faithful in the Archdiocese of Newark. The local community was established in 1992 and is part of the global community with districts all over the Philippines, Hong Kong, Canada and United States. Additional information about BLD is available on our website – bldnewark.com.

Basic Information:

Who can attend? Youth who are 15 years old or turning 15 in 2017 and up to the age of 19 and have been baptized in the Catholic Church.

- **When is the YE?**
July 7, 2017 (Friday) starting at 5:00 pm up to July 9, 2017 (Sunday) at 3:00 pm.
- **Sunday Mass** is at 1:00 pm but parents have to be on site by 12:00 noon for a special graduation event. Please be aware that food in the venue are only for candidates and auxies.
THERE WILL BE NO FOOD PROVISION FOR VISITORS.
- **Where will it be held?**
Fellowship Deaconry Retreat Center located at 3575 Valley Rd, Basking Ridge, NJ 07920
- **Seminar Cost?**
\$130.00 for the whole weekend includes lodging, all meals, snacks and supplies.
- **Payment and where to send it?**
Make your check payable to BLD and send it to any of the contact persons mentioned in this page or hand it to any of the adult or youth coordinators at Friday's weekly youth worship at Divine Mercy Parish, Rahway, NJ.

For Candidates only

- **Due to retreat house's requirements the deadline for submission of application and payment is on June 23, Friday. We are not able to accept any candidate who has not paid fully by this date.**
- **How many candidates will be accommodated for the YE?**
Around 50+ candidates can be accommodated.
- **What is the dress code?**
Friday and Saturday is casual and comfortable. Sunday's best on Sunday. Please dress modestly. Knees, shoulders, belly button area and chest should be covered at all times.

Contact Persons:

Joaquin Carias - Youth Coordinator
Cell Phone# 201-888-2359
Email: joaquinarias@gmail.com

Oliver and Marissa Rangel, Adult Youth Ministry Coordinators
Cell Phone# 848-219-1449
Email: marissa25rangel@gmail.com

Ron and Dina Pangilinan, Adult Youth Ministry Coordinators
Cell Phone# 732-581-9497
Email: dinpan6595@gmail.com

Charles and Weng Larobis, Adult Youth Ministry Coordinators
Cell Phone# 732-887-9786
Email: weng65@aol.com



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APPLICATION FORM

Part I: Candidate Information

Last Name: _____ First Name: _____

Nickname: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

Home Tel. # _____ Cell Phone # _____

Date of Birth (Month/Day/Year): (_____/_____/_____) Age: _____ Gender: _____

Baptism: Yes _____ No: _____ Confirmation: Yes _____ No _____

Parish: _____ City, State _____

Are you a current member of BLD John 6 Ministry or Youth Ministry: Yes _____ No _____

Part II: Additional Information

Parent's BLD affiliation: ME# _____ SPE# _____ FE# _____ None _____ Other (describe) _____

Father's Name: _____ Cell Phone # _____

Email Address: _____

Mother's Name: _____ Cell Phone # _____

Email Address: _____

Emergency Contact other than Parents:

Name: _____ Relationship to candidate: _____

Home Tel. # _____ Cell Phone # _____

For Candidates only

Part III:

Candidate: I plan to attend the entire 2017 Youth Encounter weekend, July 7th to 9th. A check of \$ _____ is enclosed with this registration payable to Bukas Loob sa Diyos.

I promise to attend the 2017 Retreat Weekend with a positive attitude and a willingness to participate. I will respect the property of the Retreat house. I will not bring any illegal substances and will abide by the rules and regulations of the weekend in order to attain the greatest benefit.

Signature:

Candidate (Clear Print)

Date

Signature

Part IV: Parental Permission (to be completed by a parent or guardian)

I give full permission for my son/daughter _____ to participate in the Youth Encounter Retreat Weekend held by BLD at Fellowship Deaconry Retreat Center from July 7th 5:00 PM to July 9th at 3:00 PM. If we have any questions or concerns, I will take the initiative to gain information regarding regulations and guidelines by speaking to one of the Youth Ministry's adult coordinators. I am aware that the young people will be sleeping in sleep groups separated by gender. Our adults in the youth ministry and every volunteer above 18 (with the sole exception of candidates), have been certified by the National Catholic's Virtus program, "Protecting God's Children." Further information on this, please visit www.virtus.org

My child is fully able to care for him/herself independent of any assistance however she/he has the following **health condition, allergy or is in need of the following diet or medication (do not leave blank)**

If medical attention is required in the course of the weekend, I hereby give permission for my son/daughter to be treated. I furthermore completely absolve and release Bukas Loob Sa Diyos (BLD), Fellowship Deaconry Retreat Center, Youth Encounter or any individuals helping on this retreat from any legal or financial liability related to my child's participation in this weekend.

As parents and guardians, we understand without our signatures our children will not be allowed to attend the YE weekend. Also, we/I take financial responsibility in paying the registration cost of \$130. Further, should it be necessary for our/my child to return home due to medical reasons or disciplinary action, we hereby assume all responsibility and transportation cost to and from Fellowship Deaconry Retreat Center.

Signature: (Father and mother are both required to sign*)

Father's Name

Date

Signature

Mother's Name

Date

Signature

If applicable Legal guardian's name

Date

Signature