



BUKÁS LOÓB SA DIYÓS
COVENANT COMMUNITY
“OPEN IN SPIRIT TO GOD”
Toronto District

Date _____

Dear _____,

We would like to invite you to the MARRIAGE ENCOUNTER WEEKEND #33 sponsored by the BUKÁS LOÓB SA DIYÓS Covenant Community - Toronto District, on Saturday, Oct 22 to Sunday, Oct 23, 2011 at the Holiday Inn Express in Richmond Hill, ON. Registration starts at 7:00 AM and the retreat ends on Sunday, around 5:00 PM.

Discover for yourselves how the Marriage Encounter Weekend can transform, strengthen and enhance your relationship as a couple, by the grace of our Lord Jesus Christ. With open mind and heart, this weekend will allow you to realize and experience how fulfilling marital life can be just as God desires and designs it to be, a sign of His love in a world that desperately needs it.

We pray and hope that you will gladly accept this invitation. Below is the registration form. Kindly submit it as early as possible as spaces are limited.

Yours in Christ,

Gie and Beth Santulan
ME #32 Class Shepherds
Phone: 416-892-6431
E-mail: santulan@ymail.com

Bert and Cecile Cruz
MFLA Coordinator
Phone: 416-298-4034
E-mail: bacruz@rogers.com



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MARRIAGE ENCOUNTER (ME) #33 REGISTRATION FORM

(Please print clearly)

LAST NAME _____ Home Address _____ _____ City _____ Province _____ Postal Code _____ Home Tel # _____ Home E-mail Address _____	Please attach a photo of the couple.
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HUSBAND	WIFE
First Name _____	_____
Nickname _____	_____
Cell Phone # _____	_____
Date of Birth (ex. Jan 1,1980) _____	_____
Religion _____	_____
Wedding Date (ex. Jan 1,1980) _____	Years Married _____
Name and Location of Church _____	
Marriage Certificate submitted? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Child / Children's Name/s _____	Date of Birth (ex. Jan 1,1980) _____
_____	_____
_____	_____
_____	_____
Please tell us something about yourself and your family (ex. line of work, hobbies, talents, activities). If necessary, attach additional information on a separate page).	
_____	_____
_____	_____
_____	_____
_____	_____
Play any musical Instrument/s? _____	

Special Diet or Allergies? _____	_____
Any medical condition? _____	_____
Any medication? _____	_____
Person to Notify in case of emergency	
Name _____	Relationship _____ Tel # _____

Fill only if applicable	
Sponsoring Couple _____	ME Class No. _____
Address _____	
E-mail address _____	Tel No. _____



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PLEASE NOTE:

1. This registration will not be considered unless accompanied by the following:
 - A copy of your Marriage Contract or any acceptable documentation showing that you have been married in a Roman Catholic Church or other churches as recognized by BLD.
 - Reservation fee of \$50 made payable to BLD-Toronto which will be credited to your final payment upon approval of your application.
 - In case of non-approval, your reservation fee together with all the documents submitted will be returned.
2. Full payment of the seminar fee must be made on Friday, Oct 7, 2011 [fifteen (15)] days prior to the start of the seminar. In case of non-compliance, Bukás Loób Sa Diyós reserves the right to cancel your registration.
3. In case of cancellation, full refund of any payment received will be made only upon submission of Notice of Cancellation fifteen (15) days prior to the commencement of the seminar. If you have been booked for the seminar, your reservation fee of \$50 will be forfeited in case of non-appearance.
4. Photographs of registrants must be attached to the registration form.
5. **IMPORTANT:** Out-of-country registrants are encouraged to purchase their personal medical insurance coverage.

Seminar fee: \$160.00 per couple

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

Payment Enclosed: _____ Deposit: _____

Please make your cheque payable to: Bukás Loób Sa Diyós

WAIVER OF RESPONSIBILITY

I/We hereby release the Bukás Loób Sa Diyós, its organizers and 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 Registrant(s) _____
(Husband) (Wife)

Date: _____