# Open in Spirit to God
# (BUKÁS-LOÓB SA DIYÓS)

CATHOLIC CHARISMATIC COVENANT COMMUNITY of SAN FRANCISCO and THE BAY AREA

## COUPLE INFORMATION SHEET - *Marriage Encounter* No. 29

September 26 – 27, 2026

### PART 1 – BASIC INFORMATION

| | | | |
|---|---|---|---|
| **HUSBAND**'S LAST NAME | FIRST NAME | NICKNAME | DATE OF BIRTH |
| CELL NUMBER: | | E-MAIL ADDRESS: | |
| **WIFE**'S LAST NAME | FIRST NAME | NICKNAME | DATE OF BIRTH |
| CELL NUMBER: | | E-MAIL ADDRESS: | |
| HOME ADDRESS - STREET, CITY STATE/ZIP CODE | | | |
| DATE OF MARRIAGE | PLACE OF MARRIAGE | STATUS: MARRIED [ ] RELIGIOUS † [ ] | |
| NAME OF **BLD SPONSOR** | CONTACT INFO: PHONE NO. or EMAIL | | |

### PART 2 – ADDITIONAL INFORMATION

| | **HUSBAND** | **WIFE** |
|---|---|---|
| OCCUPATION / PROFESSION | | |
| FOOD / DIETARY RESTRICTIONS | | |

### PART 3: CHILDREN'S INFORMATION

| NAME OF **CHILD** | AGE | NAME OF **CHILD** | AGE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**EMERGENCY CONTACTS** *(NAME/RELATION/PHONE NO.):* _____

**WAIVER OF RESPONSIBILITY**

*I/WE agree to participate in all activities and Catholic Liturgy during the weekend. I/WE agree to release the BUKAS LOOB SA DIYOS COVENANT COMMUNITY, its organizers and volunteers, from damages or losses resulting from any accidents or injuries that are caused or may arise from our participation during or while in attendance of the MARRIAGE ENCOUNTER Weekend Seminar.*

**SIGNATURE OF HUSBAND:** **SIGNATURE OF WIFE:** **DATE**

NOTES: • For married couples, a copy of Marriage Certificate must be attached to this form (important requirement).
• REGISTRATION FEE: $300.00/couple which covers food and lodging for the entire weekend - Saturday (8AM) to Sunday (4PM). PLEASE MAKE Check PAYABLE TO: BUKAS LOOB SA DIYOS – SAN FRANCISCO & BAY AREA
• † RELIGIOUS (priests & nuns) and lay individuals with a specific apostolic commitment will be admitted at NO CHARGE.