

BEGINNING EXPERIENCE APPLICATION

Name_____Age_____Male or Female

What name would you like to be called on your weekend_____?

Address_____City_____State_____Zip_____

Home Telephone_____Cell_____Other_____

May we call you at work? Yes or No If yes, Work Number _____Best Time_____

E-mail Address _____If you were married, for how long? _____

Are you: Widowed? _____ Separated? _____ Divorced? _____ Other? _____ How long? _____

Other (Please explain)_____

Religious Affiliation _____Number of children_____ Ages_____

Emergency Contact Person: Name_____ Phone_____

Do you have any special needs? (Dietary, etc.)

How did you hear about Beginning Experience?

Why do you want to make a Beginning Experience Weekend?

Do you believe that you have worked through the initial stages of anger and despair accompanying the loss of a spouse or companion? Please explain.

Are you presently in counseling and/or therapy? Yes _____ No_____

*****If you are currently involved in a relationship we ask that you and your partner not attend the same weekend. We have found that it does not promote optimal healing for you or others in the group. *****

Please check or circle your choice of weekend dates:

October 7-9, 2011 (Fee \$100) _____

April 13-15, 2012 (Fee \$150) _____

October 12-14, 2012 (Fee \$150) _____

Held at Luther Crest – Alexandria, MN

NON-REFUNDABLE AFTER NOON ON THE TUESDAY PRIOR TO THE WEEKEND YOU SIGNED UP FOR

Please return application to:

**Central MN Beginning Experience
P. O. Box 7652
St. Cloud, MN 56302**

First half payable to **Beginning Experience** with application. Second half is due on Sunday of your weekend. Note: Scholarships are also available. If you receive one for a BE weekend you are asked to volunteer when needed.

For more information or to speak with a team member, please call: Central MN BE 1-888-565-0178

For office use only

Date received_____ Date Contacted_____ Payment Amount_____ Check #_____

Confirmed - YES NO