**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. \*\*\***

**Fee $175.00** **\_\_\_\_\_\_**

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 320-319-8863**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For office use only**

**Date received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Contacted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Amount\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_\_**

**Confirmed – YES NO**