**BEGINNING EXPERIENCE APPLICATION**

*Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_ Male/ Female*

*Do you go by another name? If so, how would you prefer to be addressed on the weekend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Home Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Best Time to Call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm*

*E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Are you: Widowed? \_\_\_\_\_\_ Separated? \_\_\_\_\_\_ Divorced? \_\_\_\_\_\_ Other? \_\_\_\_\_\_ For how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*If other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*If you were married, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Religious Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of children\_\_\_\_\_\_\_\_ Ages\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Emergency Contact Person: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Do you require any special accommodations? (Handicap accessibility, Dietary restrictions, 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. \*\*\***

**\*All weekends are held at the Adult Retreat Center at Luther Crest, 8231 CR 11 NE, Alexandria MN 56308\***

**Fee: $190.00**- **NON-REFUNDABLE AFTER 12PM TUESDAY PRIOR TO YOUR REGISTERED WEEKEND**

*A deposit of $100 payable to* **Beginning Experience** *is due with your application. The remaining balance is due on the Sunday of your weekend. Note: Scholarships are also available.* If you receive one for a BE weekend you will be asked to volunteer as needed.

**Please return application to: Central MN Beginning Experience**

**P. O. Box 7652**

**St. Cloud, MN 56302**

**For more information or to speak with a team member, please call: Central MN BE 320-319-8863, or email be.centralmn.fellowship@gmail.com**

**For office use only**

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

**Confirmed – YES NO**