

# APPLICATION FOR THE BEGINNING EXPERIENCE<sup>®</sup> WEEKEND

Please RETURN application or CALL to reserve space 4 weeks in advance (late applications will be considered)

First Name:	Last Name:
Address:	Home Phone:
City/State/Zip:	Mobile Phone:
Email Address:	Work Phone:
I am presently: Separated _____ years _____ months Divorced _____ years _____ months Widowed _____ years _____ months Length of Marriage _____ years _____ months	Number of Children. _____ Ages _____ _____ _____

Religious Affiliation \_\_\_\_\_

Name of Church \_\_\_\_\_

Birthdate (including year): \_\_\_\_\_ Are you a Smoker? Y/N \_\_\_\_\_ Diabetic? Y/N \_\_\_\_\_

Special Diet/Allergies \_\_\_\_\_

How did you hear about Beginning Experience<sup>®</sup> (Check all that Apply)

- Newspaper [  ]      Church Bulletin/Poster [  ]      Other \_\_\_\_\_  
 Poster in Public Place [  ]      Beginning Experience Team Member [  ]  
 Friend [  ]      Former Beginning Experience Participant [  ]

The following questions are intended to help Beginning Experience<sup>®</sup> better understand your situation. Dealing with the loss of a spouse is a step-by-step process. The questions are designed to determine where you are in that process and if The Weekend will be of benefit to you.

- Q. Do you believe you have worked your way, at least partly, through the initial, very hurting stages that usually follow divorce, separation, or the death of a spouse? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "Yes", in what way?
- Q. Are you in any sort of counseling or therapy? \_\_\_\_\_ Yes \_\_\_\_\_ No  
√ If Yes, please attach a letter from your therapist or counselor indicating your emotional readiness to participate in this Weekend experience.
- Q. Have you ever participated in a divorced, separated, or widowed support group? \_\_\_\_\_ Yes \_\_\_\_\_ No For how long?
- Q. What do you hope to gain from participating in a Beginning Experience<sup>®</sup> Weekend?

The cost of the Healing Weekend is \$417.00 for double occupancy or \$335.00 for single occupancy, which includes meals and lodging from Friday night through lunch on Sunday. Your \$100.00 non-refundable deposit and application are required by the deadline.

*For additional inquiries, please contact Karen at [BEofOregon@gmail.com](mailto:BEofOregon@gmail.com)*

**Please make checks payable to:**  
Beginning Experience of Oregon

**Mail the check and application to:**  
Karen Melvin, President  
6024 Canvasback Lane  
Citrus Heights, CA 95621