

Beginning Experience of Oregon

Name (please print) _____

☐ Male ☐ Female Date of Birth _____ / _____ / _____
Month Day Year

Address _____

City/State/Zip _____

Phone: Home _____ Cell _____

Email _____

Years married _____ No. and ages of children if any _____

Present status:

☐ Widowed – How long _____ ☐ Divorced - How long _____

☐ Separated – How long _____

If separated, have you filed for divorce? ☐ Yes ☐ No

If not, do you plan to file? ☐ Yes ☐ No

Do you feel there is a chance for reconciliation? ☐ Yes ☐ No

Religious affiliation

Church/parish	Pastor
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Are you presently in counseling? ☐ Yes ☐ No

If so, does your counselor know you are attending this program? ☐ Yes ☐ No

How did you hear about this Beginning Experience® program, *Coping with Life Alone*?

The cost of this program: \$45.00

Make the check payable to:

“Beginning Experience of Oregon”

Send check and registration to:

JoAnne Paxton
PO Box 20264
Keizer, OR 97307

LOCAL TEAM USE

Program location	Start/end dates
<p>1. Program location</p> <p>2. Start/end dates</p>	<p>3. Program location</p> <p>4. Start/end dates</p>

Paid in full ☐ Yes ☐ No ☐ Arrangements made as follows: