

# APPLICATION FOR THE BEGINNING EXPERIENCE 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 (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 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 Weekend?

The cost of The Weekend is \$245.00 for double occupancy or \$270.00 for single occupancy, which includes meals and lodging; a \$75.00 non-refundable deposit is required by the deadline on the website.

***For additional inquiries, please call Karen at 971-404-6512 and leave a message.***

**Mail your completed application, along with your check made payable to:**  
 "Beginning Experience of Oregon"  
 c/o Bee Gee Reding  
 4387 Larch Loop NE  
 Salem, OR 97305