

Registration form for
Beginning Experience

Today's date:

Weekend of choice:

Name:

Address:

City:

State:

Zip:

Home phone:

Work phone:

Email address:

Date of birth:

Male/female:

Religious Affiliation:

How did you hear about Beginning Experience: friend _____ church _____ counselor
_____ other _____

Is this your first Beginning Experience weekend? Yes ___ no ___

What do you hope to get from the weekend:

For the relationship you wish to work on, you are: Separated ___ Divorced ___ Widowed

How long since it ended:

Number of years in the relationship:

Number of children: ages:

Are you currently in counseling:

Counselor's name:

Counselor's address:

Phone:

I give Beginning Experience permission to contact my counselor or therapist concerning
my participation in the Beginning Experience.

Signature: _____ -