

# Beginning Experience Application

Please print and mail this application with a \$50 non-refundable registration fee to: *Beginning Experience*, 4503 Bridge Street, Fort Worth, Texas 76103

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Weekend choice

I'm interested in making a *Beginning Experience* weekend.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Work phone

Religious affiliation/parish \_\_\_\_\_

\_\_\_\_\_  
How long were you married?

\_\_\_\_\_  
How long have you been single?

Separated

Divorced

Widowed

Age group: 20-29

30-39

40-49

50-59

60+

How did you find out about the *Beginning Experience* weekend?

\_\_\_\_\_  
What do you hope to gain from the weekend? \_\_\_\_\_

\_\_\_\_\_  
In case of emergency, please notify: \_\_\_\_\_

\_\_\_\_\_  
Name/phone

Are you currently in counseling?

Yes

No

If yes, counselor's name: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

I give Beginning Experience of Dallas/Fort Worth permission to contact my counselor or therapist concerning my participation in the *Beginning Experience* weekend.

Signature \_\_\_\_\_

**Deposit and application must be received two weeks before the weekend.**