

Registration Form

I am interested in attending a Beginning Experience Weekend. I am enclosing my non-refundable \$30.00 application fee*, if a cancellation is necessary, the fee will be applied to another weekend. I understand my application will be processed and your representatives must contact me prior to my attendance. Any information I provide will be considered **confidential**.

I understand that I am to fill out the form below, detach and mail it with my check payable to: The Beginning Experience of Grand Rapids.

PLEASE PRINT

NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

DATE OF BIRTH _____

NUMBER OF YEARS MARRIED: _____

NUMBER OF YEARS: WIDOWED _____ DIVORCED _____ SEPARATED _____

Do you have special physical or dietary needs? Yes ___ No ___ If YES, please explain; during the weekend, we will try to meet your needs:

Are you presently attending counseling therapy of any kind? Yes ___ or No ___ If YES, please explain:

Are you presently under a physician's care for any physical illness or condition? Yes ___ or No ___ If YES, please explain:

Are you presently taking any prescribed medications? Yes ___ No ___ If YES, please explain:

How did you hear about Beginning Experience? (Please include names of friends who have attended the weekend and/or names of other people you have spoken to about your readiness to attend a weekend):

Do you believe you have worked your way (at least partially) through the initial, very hurting stages that usually follow a divorce, separation or death? Please explain:

Have you ever participated in a divorced, separated or widowed support group or seminar? Yes ___ No ___ If YES, please explain:

What is your religious affiliation? (we need this information for our over-all year-end reporting, thank you.)

* An additional anonymous donation will be requested at the end of the weekend.

Please mail to:

The Beginning Experience of Grand Rapids
P.O. Box 2919
Grand Rapids, MI 49501-2919
