

APPLICATION FOR THE BEGINNING EXPERIENCE WEEKEND

Please RETURN application or CALL to reserve space 4 weeks in advance (late applications are 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 I was Married for ____ Years	Number of Children ____ Children's Ages: _____ _____ _____

Religious Affiliation _____

Name of Church _____

Birthdate including year: _____ Are you a Smoker? Y/N _____ Diabetic? Y/N _____ Special Diet _____

How did you hear about Beginning Experience (B.E.)? (Check all that Apply)

Newspaper [] Church Bulletin/Poster [] Friend []
 Poster in Public Place [] B.E. Team Member [] Other [] _____
 Former B.E. Participant [] Catholic Witness [] _____

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 \$250.00 which includes meals and lodging; a **\$99 non-refundable deposit** is required by the deadline listed above.

Call any persons below with your questions or inquiry:

Julie Turnbull

717-379-0800

Jpennat_58@comcast.net

Eva Morris

717-495-9586

Please mail your completed application with a check made payable to **“Harrisburg Beginning Experience”**:

Julie Turnbull

233 Beacon Drive

Harrisburg, PA 17112