

BEGINNING EXPERIENCE OF OMAHA

APPLICATION FOR BEGINNING EXPERIENCE WEEKEND



Today's Date: _____ Weekend Choice: _____

First Name: _____ Last Name: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

You will be contacted by phone. What is the best time to call? Morning Afternoon Evening

Email: _____ (Please print clearly)

Please fill in the blanks that apply to you for each marriage with number one being the most recent:

1. Divorced Legally Separated Widowed For How Long? ____ Number Of Years Married? ____

2. Divorced Legally Separated Widowed For How Long? ____ Number Of Years Married? ____

3. Divorced Legally Separated Widowed For How Long? ____ Number Of Years Married? ____

Religious Affiliation _____ ; Parish or Church _____ ;

Number of Children _____ ; Ages of Children: _____ ; Your Date of Birth: ____ / ____ / ____

Are you presently in any type of counseling or therapy? Yes No If yes, we recommend that you inform your counselor of your plans to participate in this weekend.

How Did You Hear About The Beginning Experience Program? _____

Do you have friends or acquaintances that will be making the weekend you are? Yes No If yes, Please give us their names.

_____ - _____ - _____

Cost of the Weekend - \$100 semi-private sleeping room - \$125.00 private sleeping room.

Please mail this form and a \$50 deposit made payable to Beginning Experience to:

Beginning Experience
Family Life Office
3214 N. 60 St.
Omaha, NE 68104

For more information contact:

Family Life Office 402-551-9003 Ext. 1304 or visit www.beginningexperienceofomaha.org