

Today's date _____

I'd like to attend a *Beginning Experience* weekend. Please call me.

I want to know more. Please contact me.

Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work Phone _____

Cell phone _____ E-mail _____

Name/phone of emergency contact _____

Religious affiliation/parish _____

How long were you (Years/months)

_____/_____/_____ Married? Age _____

_____/_____/_____ Widowed? Sex _____

_____/_____/_____ Divorced? Number of children _____

_____/_____/_____ Separated? Children's ages _____

How did you hear about the *Beginning Experience* program? _____

What do you hope to gain from the program? _____

Do you have any special needs we should be aware of such as physical or dietary limitations?

Yes No If yes, please specify _____

Are you presently in counseling/therapy? Yes No

If yes, please supply us with a written approval to attend from your therapist.

Comments: _____

Date of *Beginning Experience* weekend desired: _____

Please mail completed application to:
Beginning Experience of Seattle
9594 First Ave. NE #302
Seattle, WA 98115-2012

\$25 nonrefundable deposit enclosed