



## WEEKEND APPLICATION

[www.beginningexperience.org](http://www.beginningexperience.org) or locally [www.beginningexperiencedfw.org](http://www.beginningexperiencedfw.org)

# Beginning Experience®

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Weekend Choice

Name \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Daytime phone

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

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

\_\_\_\_ Separated?    \_\_\_\_ Divorced?    \_\_\_\_ Widowed?    Date of Birth \_\_\_\_\_

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, please discuss this with your counselor prior to attending the weekend.

Signature \_\_\_\_\_

Weekend cost: Mail this application with a \$75 non-refundable deposit payable to Beginning Experience of Dallas/Fort Worth. Remaining \$75 of the total \$150 is payable at check in.

Send to:        Beginning Experience of Dallas/Fort Worth  
                  6387B Camp Bowie Blvd., Suite B343,  
                  Fort Worth, TX 76116

For Additional Information: Metro (972) 601-4091, email: [dfwbe@hotmail.com](mailto:dfwbe@hotmail.com)