Beginning Experience of Oregon

In The Beginning…Coping with Life Alone

Registration Form

Name (please print)_____

□ Male □ Female Date of Birth _____/_____/_____
Month Day Year

Address _____

City/State/Zip _____

Phone: Home_____Cell _____

Email_____

Years married _____ No. and ages of children if any _____

Present status:

□ Widowed – How long _____ □ Divorced - How long _____

□ Separated – How long _____

If separated, have you filed for divorce? □ Yes □ No

If not, do you plan to file? □ Yes □ No

Do you feel there is a chance for reconciliation? □ Yes □ No

Religious affiliation _____

Church/parish _____ Pastor _____

Are you presently in counseling? □ Yes □ No

If so, does your counselor know you are attending this program? □ Yes □ No

How did you hear about this Beginning Experience® program *In the Beginning…Coping with Life Alone?*

_____

Registration Fee: $40.00 **Registration Fee due by August 6, 2022**

Make check payable to: Beginning Experience of Oregon

Mail to: JoAnne Paxton, P.O. Box 20264, Keiser, OR. 97307

Phone: 503-476-4196

LOCAL TEAM USE

Program location _____ Start/end dates _____

□Paid in full □Arrangements made as follows: