

# The Beginning Experience Weekend Application

## B.E. of Eastern North Dakota & Western Minnesota

Revised 3-1-2026

Today's Date: \_\_\_\_\_ Local BE Area Affiliated with: \_\_\_\_\_

Date of Beginning Experience Weekend applying to attend: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ Religious Affiliation: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Separated \_\_, Divorced \_\_, Widowed \_\_, Never Married \_\_.

How long ago did your relationship end? \_\_\_\_\_ How long was relationship? \_\_\_\_\_

1. How did you hear about the Beginning Experience Weekend? (Please include names of friends or acquaintances who have attended a B.E. Weekend and/or names of persons you have spoken to about your readiness to participate in a B.E. Weekend.)

\_\_\_\_\_  
\_\_\_\_\_

2. Local Beginning Experience Level Attended (please fill in below)

Which Local Area: \_\_\_\_\_

Coping \_\_\_ Date: \_\_\_\_\_ Name of Coordinator: \_\_\_\_\_

Rebuilding \_\_\_ Date: \_\_\_\_\_ Name of Coordinator: \_\_\_\_\_

Happiness \_\_\_ Date: \_\_\_\_\_ Name of Coordinator: \_\_\_\_\_

3. Are you presently in counseling or therapy? \_\_\_\_\_

With Whom? Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please obtain a written acknowledgement from your counselor or therapist that you are ready to participate in a B.E. Weekend. This can be mailed to the address at the end of this form or have counselor or therapist fill out Counselor/Therapist Approval Form.

4. Do you have any special dietary, health or medical concerns we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

5. Do you have friends, relatives, or acquaintances attending the B.E. Weekend? \_\_\_\_\_

Please list their names: \_\_\_\_\_

**Flip over**

**6. The total cost of the B.E. Weekend is \$260.00** This includes the cost of housing, meals, materials and dues to B.E. International. **We ask that a \$40.00 deposit be paid with this application. The balance due may be paid on the B.E. Weekend or you may work out a payment plan before the B.E. Weekend.**

(No team members are paid. They donate their time, effort, and mileage.)

**NO ONE IS TURNED AWAY FROM THE B.E. WEEKEND BECAUSE OF INABILITY TO PAY.**

If the cost of the B.E. Weekend is a hardship for you, please talk to one of your local B.E. leaders. Scholarship funds are available or a payment plan can be worked out.

**Upon arrival at the B.E. Weekend, you will be asked for your final payment. A plea will also be made for additional donations. We encourage those who can, to give financial support to the Weekend. This additional support is not only used to support B.E. in general, but it is the primary source of our scholarship funds which allow individuals with financial hardship to attend a B.E. Weekend.**

\_\_\_\_\_ Enclosed is payment in full. (\$260.00)

\_\_\_\_\_ Enclosed is my \$40.00 deposit. (non-refundable)

Balance of \$220.00 is to be paid at BE weekend.

\_\_\_\_\_ I need information about financing options.

**\*\*Please make checks payable to: Beginning Experience of Eastern North Dakota\*\***

Applications are accepted on a first-come, first-served basis. After your applications has been process, you will receive confirmation that you have been accepted to attend the B.E. Weekend. At that time, you will also receive a list of items to bring and directions to the B.E. Weekend location. Applications will be accepted up to one week prior to the B.E. Weekend.

Please list any questions or concerns:

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Contact your local B.E. leader for any further questions regarding this application or the B.E. Weekend.

Return this form to: **Beginning Experience of Eastern N.D.  
PO Box 608  
 Fargo, ND 58107**