

Beginning Experience International Ministry, Inc.
REPORT FORM — ASIA PACIFIC REGION
Beyond Beginning Experience

File # 9

To display the first part this form, set document margins at 1" top, bottom and both sides.

Team:	
Venue Name and Address:	
Program Start Dates (yyyy/mm/dd):	Program End Dates (yyyy/mm/dd):
Cost of the Venue if any: \$	Cost of Program to Participants: \$
	Was the program conducted in full accordance with the <i>Manual for Beyond Beginning Experience</i> ?
	Were any changes made in the program? If yes, please describe the change and give the reason for it (see requirement below).
	Was permission for the change authorised in advance by the International Ministry Center? (NOTE: Authorisation is REQUIRED before making program changes.)

FEES:

	Number of participants	<input type="text"/>
Participant fee per person — due for the entire series on the first session attended		x \$25
	Total participant fees due	\$ <input type="text"/>

Fees to be paid in Australian currency; make payable to Asia Pacific Regional Board.

<p>Report submitted by:</p> <p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>E-mail:</p> <p>Date (yyyy/mm/dd):</p>	<p>Send this completed form with fees to:</p> <p>Kevin Locke, Treasurer Asia Pacific Regional Board 126 Government Road Nelson Bay, NSW 2315 Australia</p> <p>AND</p> <p>Email a scanned copy to Lyn Reynolds, President, at lynreynolds21@yahoo.com.au</p> <p>AND</p> <p>Email a scanned copy to the International Ministry Center at imc@beginningexperience.org</p>
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Access the most current version of this form from www.beginningexperience.org;

**User name: Asia-Pacific
 Password: SrJosephine**

Please tell us about the programme

Programme highlights:

Programme concerns:

Complete on the following pages—

- The team list providing information about the team presenting the program
- The participant list providing information about those attending the program

NOTE: This important information is compiled to provide critical data for grant writing purposes and to present a profile of who we are and a profile of the people we serve to those who support our ministry.

PARTICIPANT LIST – (Please set document margins for this page at 0.75 inches top, bottom and both sides)

RELIGION – Please Use this Code:

- C=Catholic
- P1=Episcopalian, Lutheran, Methodist, Presbyterian
- P2=Other Protestant/Christian
- N=Non-Christian Faith (Jewish, Muslim, Native American, etc.)
- U=Unknown

LOSS – Please use this code:

- S=Separated
- D=Divorced
- W=Widowed
- O=Other loss

Leave blank if a non-believer

	First Name	Last Name	Sex	Date of Birth: yyyy/mm/dd	Religion	Loss	Address	City	St	Post Code	Area code + home phone	Area code + mobile phone	E-mail
1													
2													
3													
4													
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