

**Beginning Experience International Ministry, Inc.**  
**REPORT FORM — ASIA PACIFIC REGION TEAMS**  
**Coping with Life Alone**

File # <b>9</b>
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*To display the first part this form, set document margins at 1" top, bottom and both sides.*

<b>Team:</b>	
<b>Venue Name and Address:</b>	
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 Coping with Life Alone</i> ?	
Number of sessions included (6, 7, 8, 9, or 10)	
Were any changes made in the program? ( <b>NOTE: Authorisation is REQUIRED before making such changes.</b> )	
Were personal experience talks written and presented by the facilitators?	
Were talks from the <i>DVD for Coping with Life Alone</i> used in the program?	

**FEES:**

	Number of participants	<input type="text"/>
Participant fee per person — due for the entire series on the first session attended		x \$20
	Total participant fees due	\$ <input type="text"/>

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

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

**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 ATTENDANCE: Please mark with an "X" for each session attended**

NO.	LAST NAME	FIRST NAME	1 Get to Know Group Optional	2 Being Alone	3 Coping with Grief	4 Trusting Self	5 God and Church Optional	6 Changing Family Optional	7 Relationships with Others	8 Coping with Memories	9 Growth thro Loss	10 Where to. Now? Optional
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