

**Beginning Experience International Ministry, Inc.**  
**REPORT FORM — GREAT BRITAIN AND IRELAND REGION**  
**Beginning Experience Weekend**

Team \_\_\_\_\_

Weekend Dates \_\_\_\_\_ Weekend Location \_\_\_\_\_

**Number of Weekend Team:**

Male presenting members \_\_\_\_\_ Female presenting members \_\_\_\_\_ Auxiliary/Support members \_\_\_\_\_

**Number of Participants:**

Male \_\_\_\_\_ Female \_\_\_\_\_ Priests \_\_\_\_\_ Other clergy \_\_\_\_\_ Other religious \_\_\_\_\_

Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Other loss \_\_\_\_\_ Multiple loss \_\_\_\_\_

Catholic \_\_\_\_\_ Other denomination (please list and provide number present \_\_\_\_\_)

**ATTACH:**

List of participant names and address.

List of team names and address; indicate those working for the first time.

\_\_\_\_\_ Was the Weekend conducted in full accordance with the *Revised Manual for Beginning Experience*?

\_\_\_\_\_ Were any changes made in the Weekend process?

\_\_\_\_\_ Were these changes, if any, authorized by the International Ministry Center?

**(NOTE: Authorization from the IMC is REQUIRED before making any changes in the program itself)**

\_\_\_\_\_ Was there anyone on the Weekend interested in starting a new team?

**(The first step for beginning a new team is permission from the IMC and/or Regional Board. To facilitate contact, please provide the name of the person wishing to start a team:**

\_\_\_\_\_ Was the person above evaluated positively at this time for presenting team membership?

\_\_\_\_\_ Was the person above advised of the copyrighted nature of the program and the steps to start the program?

- **Please include comments and/or a summary of your Weekend on the back of this form.**
- **Attach a list of team and participant names and addresses; indicate team members working for the first time.**
- **Enclose participant fee of £15 per participant; cheque payable to Beginning Experience.**

Enclosed £ \_\_\_\_\_ for \_\_\_\_\_ participants

**Report submitted by:**

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Send this form and payment to:**

Sandra Cromey  
5 St. Christopher's Place  
Oxford  
OX4 2HS  
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[scromey@gmail.com](mailto:scromey@gmail.com)

44-01865 395 029

*A copy of this form is forwarded to the IMC by the Regional Treasurer*