

**BEGINNING EXPERIENCE INTERNATIONAL MINISTRY, INC.**  
**WEEKEND REPORT FORM – GREAT BRITAIN AND IRELAND REGION**  
 **YOUNG ADULT**                       **YOUNG PEOPLE'S**                       **CHILDREN'S**

Name of team \_\_\_\_\_

Date of weekend \_\_\_\_\_ Venue for weekend \_\_\_\_\_

**Number of team:** \_\_\_\_\_ Venue address \_\_\_\_\_

Male youth \_\_\_\_\_ Female youth \_\_\_\_\_ Male adult \_\_\_\_\_ Female adult \_\_\_\_\_

**Number of participants:**

Male \_\_\_\_\_ Female \_\_\_\_\_ Catholic \_\_\_\_\_ Other denomination \_\_\_\_\_

**Family situation:** Divorced  Separated  Widowed  Remarried

Cost of the weekend to participants \_\_\_\_\_ Cost of the venue per person \_\_\_\_\_

If team members pay a fee for the weekend, how much do they pay? \_\_\_\_\_

Was the weekend conducted according to the *Manual for the Young Adult Beginning Experience, Young People's Beginning Experience, or Children's Beginning Experience*?  Yes  No

If any changes were made in the weekend, what were they? \_\_\_\_\_

Were these changes, if any, authorized in writing in advance by the International Ministry Center?  Yes  No

Was there anyone attending the weekend interested in starting a new team?  Yes  No

If yes, were this person evaluated positively for team?  Yes  No

Was this person made aware of the copyrighted nature of the program and that the **first step in starting a team is to contact the Regional Board**?  Yes  No

**USE THE BACK OF THIS FORM** to write a summary of the weekend (include positive points, challenges, and adjustments from previous weekends)

**ATTACH a list of participant names and addresses and a list of team names and addresses;** identify those team members working on a weekend for the first time.

**SEND** this form and cheque payable to *Beginning Experience* for participant fees of £5 per participant

Enclosed is £\_\_\_\_\_ for \_\_\_\_\_ participants.

**Report submitted by:**

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send this form and payment to:**

Kath Harding  
11 Walkden Avenue East

Wigan  
WN1 2DX

England  
[kathharding@hotmail.co.uk](mailto:kathharding@hotmail.co.uk)  
44-1942 246542

*A copy of this form is forwarded to the International Ministry Centre by the Regional Treasurer*