

Cleveland, OH Day of Champions Oct 14, 2017

Registration Deadline: 09/24/2017

Early Registration Deadline: 09/03/2017

Please call the office to confirm we received your application

PLEASE PRINT—If we cannot read the application, you will not get registered.

1101 S. Cedar Ridge Dr
Duncanville, TX 75137
PH: 972.298.1101
FAX: 972.298.1104



Secure online registration available at www.behindthewalls.com/event-calendar

REGISTRATION FEE: \$20.00		EARLY REGISTRATION FEE: \$10.00	
(FT Ambassador and 1 st Time BringONE™ Exempt)			
Payment Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Ambassador <input type="checkbox"/> BringONE <input type="checkbox"/> Sign up for 1st Team		
CC#:	Exp. Date: /	Signature:	

Full Legal Name:				1st name you use:
First	MI	Last		

Driver's License #:		ST:	Full SSN:	
Address:			City:	ST:
Home #:	Work #:	Cell #:	Email:	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married	D.O.B.:	Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Are you fluent in other languages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what languages?		
Are you proficient in sign language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of events attended:		

Criminal Background Information

Prior Felony Conviction:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Year:	State:	Prior Sex Offense Conviction:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility(s) Incarcerated:			Release Date: (MM/DD/YYYY)		
Have you ever worked for the Federal or State prison system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:		
Do you have any relatives working in the prison system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the following:		
Name:	Relationship:		Location:		
Do you have any relatives currently incarcerated?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the following:		
Name:	Relationship:		Location:		

Travel Information

Are you attending this event as a biker?		<input type="checkbox"/> Yes <input type="checkbox"/> No	What size/style/type of bike?		
Airport pickup needed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the following:		
Arrival Date:	Airport:	Arrival Time:	a.m.	p.m.	Flight #:
Depart Date:	Airport:	Depart Time:	a.m.	p.m.	Flight #:

Your Church

Church name:		Pastor's Name:		Phone:
Address:		City:	ST:	Zip:

Submission of this application constitutes an understanding and agreement with BEHIND THE WALLS. All above information is true and accurate to the best of my knowledge and belief. I hereby authorize the applicable Department of Corrections, correctional institution and/or this ministry to conduct a criminal background check to verify this information. I agree to abide by all the rules and policies of the correctional institution and this ministry. BTW is not responsible for any information on this application if mailed.

Signature:	Date:
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