Atlanta, GA Day of Champions October 21, 2017

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

Visa

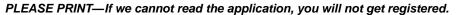
Payment Type:

Signature:

Registration Deadline: 09/24/2017

Early Registration Deadline: 09/03/2017

Please call the office to confirm we received your application



Check

EARLY REGISTRATION FEE: \$10.00

Ambassador

Date:

BringONE



Sign up for 1st Team

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

(FT Ambassador and 1st Time BringONE™ Exempt)

AMEX

REGISTRATION FEE: \$20.00

MC

institution and this ministry. BTW is not responsible for any information on this application if mailed.

Discover

CC#:	C#: Exp. Date: / Signature:																	
Full Legal Name:					\top	\top							st nam					
First						MI L	Last											
Driver's License #:					S	ST: Full SSN:												
Address:						City:							ST:	:	Zip:	,		
Home #: V	Work #:	Vork#: Ce				II #:			Email:									
Marital Status: Single	Married	d D.	.O.B.				Race:					Sex:			Male	Fe	emale	
Are you fluent in other language	es?	Yes	No	If yes	, wha	t lang	uages?			-								
Are you proficient in sign language? Yes No Number of events attended:																		
						kgrou	und Infor	matio	-	الإلا						الكل		
Prior Felony Conviction:						State: Prior Sex Offe										Yes	No	
Facility(s) Incarcerated:		<u> </u>			Relea	ase Date	2: (MM	1/DD/YYYY)										
Have you ever worked for the F	ederal or	State	prison	system	n?	Yes	No	If ye	es, plea								ŀ	
Do you have any relatives working in the prison system? Yes No									explain: If yes, please provide the following:									
Name: Relationship:						Location:												
Do you have any relatives currently incarcerated?						Yes No If yes, please provide						the following:						
Name: Relationshi											cation:							
					•	el Info	rmation											
Are you attending this event as	a biker?		Yes	No	_		e/style/t		f bike?									
Airport pickup needed? Yes No If yes, pleas									ide the	follo	wing:							
Arrival Date:	Airport:	Ar	Arrival Time:			a.m.			p.m.	Fli	Flight #:							
Depart Date:	Airport:				De	epart [·]	Time:				a.m.	p.m.	Fli	ght #:				
						our Ch												
Church name:						Pastor's Name:							Ph	one:				
Address:						City	<i>j</i> :					ST:		Zip:				
Cubraission of this application s			doret	dina	- and c							III abou	a inf	armatia	n ic tr			
Submission of this application c accurate to the best of my know				_		_							-					
this ministry to conduct a crimin	•	-	•	•				•		-		-					-	
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