Bonham, TX Day of Champions May 20, 2017

Registration Deadline: 4/30/17

Early Registration Deadline: 4/09/17

Please call the office to confirm we received your application

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

PLEASE PRINT—If this application is incomplete or illegible we will not be able to register you for this event.



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

	REGISTRATION FEE: \$20.00					EARLY REGISTRATION FEE: \$10.00								
			(FT Aml	bassado	or and	1 st Time	e Bring	gONE™ E	Exempt)					
Payment Type:	Visa	Discover	MC	A	MEX	C	Check Ambassador		BringONE S		Sign up for 1st Team			
CC#:				Exp. D	ate:	/		CVV:	Signature:					
											Preferred N	ame:		
Full Legal Name:										'	releffed N	ame.		
	First					MI Las	st							
Driver's License #:						T:		Full	SSN:					
Address:						City:					ST:	Zip:		
Home #:		Work #:			Cell #	:			Email:					
Marital Status:	Single	e Married	D.O.B.			R	ace:			Sex:		Male	Female	
Are you fluent in o	ther langu	ages? Ye	es No	If yes	s, wha	t langua	ages?							
Are you proficient	in sign lang	guage?	Yes N	o Nu	ımber	of even	nts atte	ended:						

Criminal Background Information													
Prior Felony Conviction:	Yes	No	If yes, Year:			State:	Prior Sex Offense Conv			viction:	Yes	No	
Facility(s) Incarcerated:								Rele	ase Date	: (MM/DD/YYYY)			
Have you ever worked for the	prison system	?	Yes	No	If yes, pleas	se							
e													
Do you have any relatives working in the prison system? Yes No 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:	Relationship:							Location	:				
Travel Information													
Are you attending this event as a biker? Yes No						/style/	type of bike?						
Airport pickup needed?	Airport pickup needed?YesNoIf yes, please provide the following:												
Arrival Date:	Airpor	t:		Ar	rival T	ïme:		a.m.	p.m.	Flight #:			
Depart Date:	Airpor	t:		De	epart T	Time:		a.m.	p.m.	Flight #:			
Your Church													
Church name:					Pastor	's Name	9:			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: