Chicago/St. Charles, IL *Day of Champions*April 29, 2017

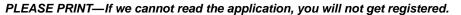
1101 S. Cedar Ridge Dr Duncanville, TX 75137 PH: 972.298.1101 FAX: 972.298.1104

Signature:

Registration Deadline: 04/02/2017

Early Registration Deadline: 03/12/2017

Please call the office to confirm we received your application



EARLY REGISTRATION FEE: \$10.00



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

(FT Ambassador and 1st Time BringONE™ Exempt)

REGISTRATION FEE: \$20.00

Payment Type: Visa	Discover	MC AN	IEX	Check	Ambassa	dor	BringOl	NE S	ign up for	1st Te	:am
CC#:	Exp. D				e: / Signature:						
Full Legal Name:								^{it} name			
First			MI	Last			У	ou use:			
			ST:	Last							
Driver's License #:					Full SSN:						
Address:			Ci	ty:		ST:	Zip:				
Home #:	#: Work #:				Email:	Email:					
Marital Status: Single	arital Status: Single Married D.O.B.			Race:			Sex: Male Female				nale
Are you fluent in other languages? Yes No If yes, what languages?											
Are you proficient in sign language? Yes No Number of events attended:											
		'									
Criminal Background Information											
Prior Felony Conviction:	Yes No		State:	Prior Sex Offense Con			viction:	Y	'es	No	
Facility(s) Incarcerated: Release Date: (MM/DD/YYYY)											
Have you ever worked for the Federal or State prison system? Yes No If yes, please											
explain:											
Do you have any relatives working in the prison system? Yes No If yes, please provide the following:											
Name: Relationshi				Location:							
Do you have any relatives currently incarcerated?				No	If yes, please provide the following:						
Name: Relationship			:	Location:							
Travel Information											
Are you attending this event as	s a biker?	Yes No	What	size/style/t	ype of bike?						
Airport pickup needed? Yes No If yes, please provide the following:											
Arrival Date:	Airport:		Arrival Time:			a.m.	p.m.	. Flight #:			
Depart Date:	Airport:		Depa	art Time:		a.m.	p.m.	Flight #	:		
			Your	Church							
Church name:				Pastor's Name:				Phone:			
Address:			City:				ST:	Zip:			
			<u> </u>					· ·			
Submission of this application	constitutes an	understanding (and agr	eement witi	h BEHIND THE	WALLS. A	II above	e informa	tion is true	e and	
accurate to the hest of my know	wledge and hel	lief I herehv auth	orize th	e annlicable	Denartment o	f Correcti	ons coi	rectional	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

Date:

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