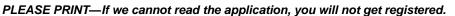
Columbus, OH *Day of Champions*August 26, 2017

1101 S. Cedar Ridge Dr Duncanville, TX 75137 PH: 972.298.1101 FAX: 972.298.1104 Registration Deadline: 07/30/2017

Early Registration Deadline: 07/16/2017

Please call the office to confirm we received your application





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

REGISTRATION FEE: \$20.00 EARLY REGISTRATION FEE: \$10.00														
						.st Time Bring								
Payment Type:	Visa	Discover	MC	AME		Check	4	Ambassad	or E	3ringOl	NE	Sign up for	1st Team	
CC#:				Exp. Date	e:	/	Signa	ture:						
Full Land Name						1				4 ^S	name			
Full Legal Name:											name ou use:			
	First				M	II Last								
Driver's License #:						Full SSN:								
Address:						City:					ST:	Zip:		
Home #:	me #: Work #:			C	Cell #:			Email:			<u>.</u>			
Marital Status:	Single	Married	D.O.B.			Race:				Sex:		Male	Female	
Are you fluent in of	her languag	es? Ye	es No	If yes, v	vhat	languages?				ı				
Are you proficient i	Are you proficient in sign language? Yes No Number of events attended:													
				l .										
				Criminal	Back	ground Infor	matio							
Prior Felony Convic	tion:	Yes N	o If y	es, Year:		State:		Prior Se	ex Offens	se Conv	viction:	Υ	es No	
Facility(s) Incarcera	ted:								Releas	se Date	: (MM/DD/\	YYYY)		
Have you ever wor	ked for the F	ederal or St	ate priso	on system?)	Yes No	If ye	s, please						
Do you have any re	latives work	ing in the pi	rison sys	tem?	Ye	es No		explain: If yes, plea	ise provid	de the	followin	na:		
Name:				ationship:			-		ocation:		,	 		
Do you have any relatives currently incarcerated?						es No <i>If yes, please provide the</i>					followina:			
Name: Relationshi									Location:					
					ravel	Information								
Are you attending t	his event as	a biker?	Ye			t size/style/		f bike?						
Airport pickup need	ded?	Yes	No			If yes, please	provi	de the foll	owing:					
Arrival Date:		Airport:				Arrival Time:			a.m.	p.m.	.m. Flight #:			
Depart Date:		Airport:				Depart Time:			a.m.	p.m.	Flight #:			
					You	ur Church								
Church name:						Pastor's Name:					Phone:			
Address:						City:				ST:	Zi _l	p:		
									•					

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: