Huntsville, TX Weekend of Champions March 24-25, 2017

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

Visa

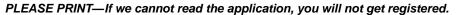
Payment Type:

Signature:

Registration Deadline: 02/26/2017

Early Registration Deadline: 02/05/2017

Please call the office to confirm we received your application



Check

EARLY REGISTRATION FEE: \$20.00

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: \$30.00

MC

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

Discover

CC#:			E	xp. Date	3 :			Sig	gnatu	ıre:								
Full Legal Name:												st nam						
First			_		M	MI	Last	_	_	_	_	_	_	_		_	_	
Driver's License #:					ST	r:		F	Full S	SN:								
Address:					City:									ST:	:	Zip	:	
Home #:	Work#:								Email:					<u> </u>				
Marital Status: Single	Marrie	d D.	.O.B.				Race:						Sex:		ľ	Male	F€	emale
Are you fluent in other languag	es?	Yes	No	If yes, v	vhat	lan	guages?											
Are you proficient in sign langu	age?	Yes	s No	Num	ber c	of ev	vents atte	ende	ed:									
					Back	gro	ound Info		tion									
Prior Felony Conviction:	Yes	Yes No If yes, Year:					State:		Prior Sex Offense C								Yes	No
Facility(s) Incarcerated:								\perp				Relea	se Date	2: (MM	1/DD/YYYY)			
Have you ever worked for the F	ederal or	State	prison s	ystem?		Yes	es No	If	-	, pleas explaiı								
Do you have any relatives working in the prison system? Yes									If	yes, p	lease	? provi	ide the j	follo	wing:			
Name: Rela				ionship: Loc						ation:								
Do you have any relatives currently incarcerated?					Yes	- 1	No	If	f yes,	pleas	se pro	vide t	he follo	owin	g:			
Name:	Relatio	onship:						Location:										
							ormation											
Are you attending this event as	a biker?		Yes	No			ze/style/											
Airport pickup needed?	Yes	No	1			If y	es, pleas	e pro	ovide	? the f	follov	ving:						
Arrival Date:	Airport:	,			Arr	rival	l Time:					a.m.	p.m.	Flig	ght #:			
Depart Date:	Airport:	,				•	t Time:					a.m.	p.m.	Flig	ght #:			
							Church											
Church name:						Pastor's Name:								Ph	one:			
Address:						Cit	ty:						ST:		Zip:			
Submission of this application c	constitute	s an u	ndersta	nding a	nd aç	gree	ement wi	ith B	EHIN	ID THI	E WA	LLS. A	II abov	e info	ormatic	n is tr	ue an	d
accurate to the best of my know				_	_	_								_				
this ministry to conduct a crimin	•	-		•					•		-		-					-