## Kentucky Day of Champions June 3, 2017

Registration Deadline: 05/07/2017

Early Registration Deadline: 04/16/2017

1101 S. Cedar Ridge Dr

Duncanville, TX 75137 PH: 972.298.1101

FAX: 972.298.1104

Signature:

Please call the office to confirm we received your application

PLEASE PRINT—If we cannot read the application, you will not get registered.

**EARLY REGISTRATION FEE: \$10.00** 

Date:



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

(FT Ambassador and 1<sup>st</sup> Time BringONE™ Exempt)

**REGISTRATION FEE: \$20.00** 

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

| Payment Type:   | Visa  | Discover         | MC              | AME             | (         | Check                                    | Ambas         | sador     | Bring     | gONE              | Sig         | n up for   | 1st Team |
|---|---|------------------|-----------------|-----------------|-----------|--|---------------|-----------|-----------|-------------------|-------------|------------|----------|
| CC#:  |   |                  | Exp. Date:      | e: / Signature: |           |  |               |           |           |                   |             |            |          |
|   |   |                  |                 |                 |           |  |               |           |           | st                |             |            |          |
| Full Legal Name:  |   |                  |                 |                 |           |  |               |           |           | 1 <sup>st</sup> n | ame<br>use: |            |          |
|   | First   |                  |                 |                 | MI        | Last                                     |               |           |           | you               | use.        |            |          |
| Driver's License #:   |   |                  |                 |                 | ST:       |  | Full SSN:     |           |           |                   |             |            |          |
| Address:  |   |                  |                 |                 |           | City:                                    |               |           |           | S                 | <br>ST:     | Zip:       |          |
| Home #:   | ome #: Work #:  |                  |                 |                 |           | <u>'</u>                                 | Ema           | Email:    |           |                   |             | <u> </u>   |          |
| Marital Status:   | Single  | <u>,</u>         |                 |                 |           | Race:                                    |               | Sex:      |           |                   | Male Female |            |          |
| Are you fluent in ot  |   |                  | es No           | If yes, w       | hat lan   | guages?                                  |               |           | 1         |                   |             |            |          |
| Are you proficient in sign language? Yes No Number of events attended:                                |   |                  |                 |                 |           |  |               |           |           |                   |             |            |          |
|   |   |                  |                 |                 |           |  |               |           |           |                   |             |            |          |
|   |   |                  |                 | Criminal E      | Backgro   | und Infor                                |               |           |           |                   |             |            |          |
| Prior Felony Convict  |   | Yes N            | o <b>If yes</b> | , Year:         |           | State:                                   | Pric          |           | Offense C |                   |             |            | es No    |
| Facility(s) Incarcera   |   |                  |                 |                 |           |  |               |           | Release D | ate: (            | MM/DD/YYYY) |            |          |
| Have you ever work  | ed for the  | Federal or St    | ate prison      | system?         | Ye        | s No                                     | If yes, plea  |           |           |                   |             |            |          |
| Do you have any relatives working in the prison system?  Yes No If yes, please provide the following: |   |                  |                 |                 |           |  |               |           |           |                   |             |            |          |
| Name: Relationsh  |   |                  |                 |                 | 163       | Location:                                |               |           |           |                   |             |            |          |
| Do you have any relatives currently incarcerated?   |   |                  |                 |                 | Yes       | No If yes, please provide the following: |               |           |           |                   |             |            |          |
| Name: Relationsh  |   |                  |                 |                 | Location: |  |               |           |           | 011000            | iiig.       |            |          |
| Nume.   |   |                  | Kelat           |                 | avel Inf  | ormation                                 |               | LOCO      | ition.    |                   |             |            |          |
| Are you attending this event as a biker?  Yes No What size/style/type of bike?                        |   |                  |                 |                 |           |  |               |           |           |                   |             |            |          |
| Airport pickup need   | ed?   | Yes              | No              |                 | If y      | es, please                               | provide the   | follow    | ing:      |                   |             |            |          |
| Arrival Date:   |   | Airport:         |                 |                 | Arriva    | l Time:                                  |               | a         | a.m. p.ı  | n. F              | Flight #:   |            |          |
| Depart Date:  |   | Airport:         |                 |                 | Depar     | t Time:                                  |               | a         | a.m. p.ı  | n. F              | Flight #:   |            |          |
|   |   |                  |                 |                 | Your C    | hurch                                    |               |           |           |                   |             |            |          |
| Church name:  |   |                  |                 |                 | Past      | or's Name                                | e:            |           |           | F                 | Phone:      |            |          |
| Address:  |   |                  |                 |                 | Ci        | ty:                                      |               |           | ST:       |                   | Zip:        |            |          |
|   |   |                  |                 |                 |           |  |               |           |           |                   |             |            |          |
| Submission of this s  | nnlication  | a constitutos =  | n undorst       | andina a=       | d aars    | mont wit                                 | h REUIND TI   | IE \A/A ! | IC All al | ovo i             | nformati    | on ic true | and      |
| =   | <b>Submission of this application constitutes an understanding and agreement with BEHIND THE WALLS.</b> 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 cond   |   | =                | -               | -               |           |  | -             | -         |           |                   |             |            |          |
| ans ministry to come  | uct u tiilli  | iliai backyi oui | ind CHECK LL    | , verijy uli    | o mjon    | nation, i u                              | igree to ublu | L Dy UII  | are rules | unu p             | JUIICIES UJ | THE COIL   | CCHOHUI  |