

Michigan Day of Champions August 5, 2017

Registration Deadline: 07/09/2017

Early Registration Deadline: 06/18/2017

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

Please call the office to confirm we received your application

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



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

REGISTRATION FEE: \$20.00 EARLY REGISTRATION FEE: \$10.00

(FT Ambassador and 1st Time BringONE™ Exempt)

Payment Type: Visa Discover MC AMEX Check Ambassador BringONE Sign up for 1st Team
CC#: Exp. Date: / Signature:

Full Legal Name: First MI Last 1st name you use:

Driver's License #: ST: Full SSN:
Address: City: ST: Zip:
Home #: Work #: Cell #: Email:
Marital Status: Single Married D.O.B. Race: Sex: Male Female
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 If yes, Year: State: Prior Sex Offense Conviction: Yes 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: 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 What size/style/type 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: Depart Time: a.m. p.m. Flight #:

Your Church

Church name: Pastor's Name: 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: