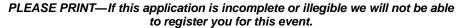
Milledgeville/Macon, GA *Day of Champions* February 4, 2017

1101 S. Cedar Ridge Dr Duncanville, TX 75137 PH: 972.298.1101 FAX: 972.298.1104 Registration Deadline: 01/08/2017

Early Registration Deadline: 12/18/16

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

REGISTRATION FEE: \$20.00

(FT Ambassador and 1 st Time BringONE™ Exempt)												
Payment Type: Visa	Discover	MC AME		Check		Ambass		BringO	NE	Sign u	p for 1s	st Team
CC#:		Exp. Date	e: /	<u> </u>	CVC:	Sign	nature:					
F Ulassialana.										- I Niamaa		
Full Legal Name:							Preferred Name:					
First			МІ	Last								
Driver's License #:	ST:					Full SSN:						
Address:			Ci	ity:					ST:		Zip:	
Home #:	Work #:	Cr	ell #:			Emai	l:					
Marital Status: Single	e Married D	D.O.B.		Race:				Sex:		Ma	le	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:												
			Backgr	round Info								
Prior Felony Conviction:	Yes No	If yes, Year:		State:		Prio	Sex Offe	nse Con	viction	1:	Yes	s 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 wo	_					-	se provide the following:					
Name:	Relationship:					Location:						
Do you have any relatives cur	1					e provide the following:						
Name:		Relationship:		•			Location	1:				
Travel Information Are you attending this event as a biker? Yes No What size/style/type of bike?												
Airport pickup needed? Arrival Date:	Yes No Airport:	<u>, </u>		val Time:	ε μισν	iue the j			Fligh	+ #-		
Depart Date:	Airport:			art Time:			a.m.		Fligh			
Depart Date:	Airport:						a.m.	p.m.	LIIRI	IL #:		
Your Church Church name: Pastor's Name: Phone:												
Address:				City:				ST:		Zip:		
Audi C33.									<u> </u>	LIP.		
Submission of this application	n constitutes an u	ınderstanding a	nd agr	eement w	ith BEF	HIND THE	WALLS.	All abov	ve infor	mation i	s true o	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 crim	_	-			-		=					