

North Carolina Day of Champions

October 7, 2017

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

Registration Deadline: 09/10/2017

Early Registration Deadline: 08/20/2017

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 1 st Time BringONE™ Exempt)			
Payment Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Ambassador <input type="checkbox"/> BringONE <input type="checkbox"/> Sign up for 1st Team		
CC#:	Exp. Date: /	Signature:	

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

Driver's License #:		ST:	Full SSN:	
Address:			City:	ST:
Home #:	Work #:	Cell #:	Email:	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married	D.O.B.:	Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Are you fluent in other languages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what languages?		
Are you proficient in sign language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of events attended:		

Criminal Background Information

Prior Felony Conviction:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Year:	State:	Prior Sex Offense Conviction:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility(s) Incarcerated:			Release Date: (MM/DD/YYYY)		
Have you ever worked for the Federal or State prison system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:		
Do you have any relatives working in the prison system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the following:		
Name:	Relationship:		Location:		
Do you have any relatives currently incarcerated?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the following:		
Name:	Relationship:		Location:		

Travel Information

Are you attending this event as a biker?		<input type="checkbox"/> Yes <input type="checkbox"/> No	What size/style/type of bike?		
Airport pickup needed?		<input type="checkbox"/> Yes <input type="checkbox"/> 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:
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