Oklahoma City, OK *Day of Champions*September 23, 2017

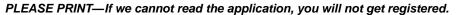
1101 S. Cedar Ridge Dr Duncanville, TX 75137 PH: 972.298.1101 FAX: 972.298.1104

Signature:

Registration Deadline: 08/27/2017

Early Registration Deadline: 08/06/2017

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

(FT Ambassador and 1st Time BringONE™ Exempt)

REGISTRATION FEE: \$20.00

Payment Type: Visa	Discover	IVIC F	AIVIEX	Cneck	Ambass	sador i	BringOi	INE SI	gn up for 1	ist ream
CC#:		Exp. I	Date:	/	Signature:					
Full Legal Name:								st name		
First				MI Last			У	you use:		
					T - 11 ccs1					
Driver's License #:				ST:	Full SSN:			т —		
Address:			<u> </u>	City:				ST:	Zip:	
Home #:	Work #:		Cell #	!:	Emai	í l:				
Marital Status: Single	Married D	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, Yea	r:	State:	Prio	r Sex Offens	se Con	viction:	Ye	es No
Facility(s) Incarcerated:					Release Date: (MM/DD/YYYY)					
Have you ever worked for the	Federal or State	e prison syste	em?	Yes No	If yes, pleas					
					explai					
Do you have any relatives working in the prison system?				Yes No If yes, please provide the following:						
Name: Relationshi				Location:						
Do you have any relatives currently incarcerated?				s No	If yes, please provide the following:					
Name:		Relationsh	ոip։			Location:				
				el Information						
Are you attending this event as	s a biker?	Yes N	lo Wh	nat size/style/	= =					
Airport pickup needed?	Yes No	0		If yes, please	e provide the j	following:				
Arrival Date:	Airport:		A	rrival Time:		a.m.	p.m.	Flight #:		
Depart Date:	Airport:		D	epart Time:		a.m.	p.m.	Flight #:		
			Y	our Church						
Church name:			$^{-}$ \perp	Pastor's Name	e:			Phone:		
Address:				City:			ST:	Zip:		
				·						
Submission of this application			_	_				=		
accurate to the best of my know	vledge and beli	ef. I hereby a	uthorize	e the applicabl	e Department	of Correction	ons, co	rrectional i	nstitution	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

Date:

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