## San Antonio Day of Champions August 19, 2017

Registration Deadline: 07/30/2017

Early Registration Deadline: 07/09/2017

Please call the office to confirm we received your application

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

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. (FT Ambassad						EARLY REGISTRATION FEE: \$10.00 nd 1 <sup>st</sup> Time BringONE™ Exempt)							
Payment Type:	Visa	Discover	MC				Check		Ambassador Bring		NE Sign up for		1st Team
CC#:				Exp. Date:			/	Signat	ture:				
Full Legal Name:											<sup>st</sup> name /ou use:		
	First					MI	Last						
Driver's License #:						ST: Full SSN:							
Address:						City	y:				ST:	Zip:	
Home #:		Work #:			Cell #	:			Email:				
Marital Status:	Single	Married	D.O.B.				Race:			Sex:		Male	Female
Are you fluent in of	ther langu	ages? Ye	es No	lf ye	s, wha	t lan	guages?			·			
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			ise Conv	viction:	Yes	No		
Facility(s) Incarcerated:							Rele	ase Date	(MM/DD/YYYY)				
Have you ever worked for the F	Yes	No	If yes, please										
	explain:												
Do you have any relatives work	Yes	No	lf yes, p	If yes, please provide the following:									
Name:			Relationship:				Location	:					
Do you have any relatives currently incarcerated?YesNoIf yes, please provide the following:													
Name:			Relationship:				Location	:					
Travel Information													
Are you attending this event as	What size	/style/t	type of bike?										
Airport pickup needed?YesNoIf yes, please provide the following:													
Arrival Date:	Airport	:		Arrival T	ime:		a.m.	p.m.	Flight #:				
Depart Date:	Airport	:		Depart 1	'ime:		a.m.	p.m.	Flight #:				
				Your Ch	urch								
Church name:				Pastor	's Name	9:			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: