Santa Rita/Solano CA *Weekend of Champions*
March 24&25, 2017

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

Registration Deadline: 2/26/17

Early Registration Deadline: 2/5/17

Please call the office to confirm we received your application

PLEASE PRINT—If this application is incomplete or illegible we will not be able to register you for this event.

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

REGISTRATION FEE: $30.00 **EARLY REGISTRATION FEE: $20.00**
(FT Ambassador and 1st Time BringONE™ Exempt)

Payment Type: Visa Discover MC AMEX Check Ambassador BringONE Sign up for 1st Team

CC#: **Exp. Date:** / **CVV:** **Signature:**

Full Legal Name:			**Preferred Name:**
First	MI	Last	

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:**