

South, TX Day of Champions January 13, 2018

Registration Deadline: 12/10/17

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

Please call the office to confirm we received your application

PLEASE PRINT—If we cannot read the application, you will not get registered.



HOW DID YOU HEAR ABOUT THIS SPECIFIC EVENT? _____

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

REGISTRATION FEE: \$20.00 (FT Ambassador and Exempt)							
Payment Type:	Visa	Discover	MC	AMEX	Check	Ambassador	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: 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:
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