

# St. Clairsville, OH *Day of Champions*

## May 20, 2017

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

**Registration Deadline: 04/30/2017**

**Early Registration Deadline: 04/09/2017**

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](http://www.behindthewalls.com/event-calendar)**

<b>REGISTRATION FEE: \$20.00</b>		<b>EARLY REGISTRATION FEE: \$10.00</b>	
(FT Ambassador and 1 <sup>st</sup> Time BringONE™ Exempt)			
<b>Payment Type:</b>	<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		
<b>CC#:</b>	<b>Exp. Date:</b>	/	<b>Signature:</b>

<b>Full Legal Name:</b>				<b>1<sup>st</sup> name you use:</b>
First	MI	Last		

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

### Criminal Background Information

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

### Travel Information

<b>Are you attending this event as a biker?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What size/style/type of bike?</b>		
<b>Airport pickup needed?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please provide the following:</b>		
<b>Arrival Date:</b>	<b>Airport:</b>	<b>Arrival Time:</b>	a.m.	p.m.	<b>Flight #:</b>
<b>Depart Date:</b>	<b>Airport:</b>	<b>Depart Time:</b>	a.m.	p.m.	<b>Flight #:</b>

### Your Church

<b>Church name:</b>		<b>Pastor's Name:</b>		<b>Phone:</b>
<b>Address:</b>		<b>City:</b>	<b>ST:</b>	<b>Zip:</b>

*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.*

<b>Signature:</b>	<b>Date:</b>
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