Valparaiso Day of Champions September 9, 2017

Registration Deadline: 08/13/2017

Early Registration Deadline: 07/23/2017

1101 S. Cedar Ridge Dr

Duncanville, TX 75137 PH: 972.298.1101

FAX: 972.298.1104

Signature:

Please call the office to confirm we received your application

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

EARLY REGISTRATION FEE: \$10.00

Date:



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

(FT Ambassador and 1st Time BringONE™ Exempt)

REGISTRATION FEE: \$20.00

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

Payment Type:	Visa	Discover	MC	AME	Χ	Check	Amb	oassado	r Br	ringON	NE	Sig	n up for	1st T	eam
CC#:				Exp. Date	<u>:</u>		Signature								
											ct				
Full Legal Name:					i						st nam ou us				ļ
	First				MI	I Last					Ou us	с.			
Driver's License #:					ST:	<u> </u>	Full SSN	 I:							
Address:					1	City:					ST:		Zip:		
Home #:		Work #:		Ce	ell #:		Er	mail:							
Marital Status:	Single	Married	D.O.B.			Race:	1			Sex:			Male	Fe	male
Are you fluent in other languages? Yes No If yes, what languages?															
Are you proficient in	sign lang	;uage?	Yes No	o Numi	ber of	f events atte	nded:								
Criminal Background Information															
Prior Felony Convict	ion:	Yes No	o If yes	s, Year:		State:	P	rior Sex	c Offense					⁄es	No
Facility(s) Incarcerat	ed:								Release	e Date	е: (мм	/DD/YYYY)			
Have you ever worked for the Federal or State prison system? Yes No If yes, please explain:															
Do you have any rela	atives wo	rking in the pr	ison syste	∍m?	Ye	es No			e provid	e the	follo	wing:			
Name:			tionship:		Location:										
Do you have any rela	atives cur	rently incarce	rated?		Yes	No	If yes, pl	lease pr	ovide th	e folic	owing	g:			
Name: Relationsh							cation:	n:							
				Tr	ravel	Information									
Are you attending th	iis event a	as a biker?	Yes	No	What	t size/style/t	ype of bik	e?							
Airport pickup need	ed?	Yes	No		1	If yes, please	provide th	he follo	wing:						
Arrival Date:		Airport:			Arri	ival Time:			a.m.	p.m.	Flig	ght #:			
Depart Date:		Airport:			Dep	oart Time:			a.m.	p.m.	Flig	ght #:			
					You	ır Church									
Church name:					Pa	astor's Name	e:				Pho	one:			
Address:						City:				ST:		Zip:			
Submission of this ap				_	_						-				
accurate to the best		_	-	-			-								
this ministry to condu	uct a crimi	inal backgrour	nd check t	o verify th	nis inf	ormation. I a	ıgree to ab	ide by a	all the ru	les an	d pol	icies o	f the cor	rectic	nal