



Bill Glass Champions for Life
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 www.billglasscfl.org

Atlanta, GA Weekend of Champions September 4-6, 2008

PLEASE PRINT

**** This form must be received by: Wednesday, August 13, 2008**

If you FAX this application, call and verify receipt

Full Legal Name _____ 1st name you use _____
FIRST MIDDLE LAST MAIDEN

Date of Birth _____ Driver's License # _____ State _____

SS# _____ Home Phone (____) _____ Work Phone (____) _____

Address _____ City _____ State _____ Zip _____

E-Mail _____ Sex M F Race _____

Have you ever been convicted of a felony? No Yes If yes, Year _____ State _____

Institution(s) in which you were incarcerated: _____ Release date _____ (M/D/YY)

Have you ever worked for the Federal or any state prison system? No Yes If Yes, explain: _____

Do you have any relatives working in the prison system? No Yes If Yes, provide the following:
 Name _____ Relationship _____ Location _____

If you are on an inmates visitation list, or have incarcerated relatives in this event area, please indicate unit name: _____

Do you have language signing abilities? No Yes Do you have translations or speaking abilities in another language? No Yes If yes, what language(s)? _____

Please indicate how many Weekend/Day of Champions events you have attended. _____

TRAVEL INFO

Motorcycle Car Van Bus Motorhome Check if available for transportation to units. Capacity _____

Are you the PRIMARY driver of the vehicle? Arrival date and time _____ Riding with _____

FLIGHT INFO

Arrival Date _____ Airport _____ Arrival Time _____ am/pm Airline Flight # _____

Airport Pickup Needed? No Yes

Depart Date _____ Airport _____ Departure Time _____ am/pm Airline Flight # _____

HOTEL RESERVATIONS AND POLICIES

The only way to guarantee a particular number of roommates is to prearrange your roommate assignment before mailing in your application.

Hotel room is NOT needed. Single Room(1 person, no roommate) Double Triple Quad

Reserve my room for the following nights: Tuesday Wednesday Thursday Friday Saturday

Roommate Preference: _____

Your first night's room **must** be guaranteed by credit card or check payable to CFL. If you must cancel, it is your responsibility to call the CFL office. If it is after 4:00 p.m. CST on the Wednesday before the event date, you must call the **CFL Housing Director** at the hotel to cancel. If you do not cancel, you will be billed for the first night's room charge.

Check Enclosed Visa MC AMEX CC# _____ Exp. Date _____

Signature _____

Church you attend _____ Church Phone# (____) _____

Church Address _____

City _____ State _____ Zip _____ Pastor's Name _____

ONLY FRESHMAN NEED TO COMPLETE THIS SECTION

Sponsor's Name & Phone # (who told you about this ministry) _____

PLEASE WRITE YOUR CHRISTIAN TESTIMONY ON THE BACK OF THIS FORM. Your application CANNOT be processed until we receive this information. You will receive a freshman counselor packet in about three weeks. If you have not heard from us by that time, please call the number above to make sure we received your application. If you FAX this application, also mail us the original.

Submission of this application constitutes an understanding and agreement with Champions for Life. 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.

Signature _____ Date _____