



Bill Glass Champions for Life  
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**For Official Use Only**

Fee Recv'd:

Check, or  CC

Amt.\$ \_\_\_\_\_

**Birmingham, AL Day of Champions**  
**March 15, 2008**

**PLEASE PRINT**

*If you FAX this application,  
 also mail us the original.*

**\*\* This form must be received by: Wednesday, February 20, 2008**

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 \_\_\_\_\_  
 Do you have any relatives presently incarcerated in the prison system?  No  Yes If Yes, provide the following:  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Location \_\_\_\_\_  
 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 if you will be attending the event as a Biker.  No  Yes  
 Please indicate how many Weekend/Day of Champions events you have attended. \_\_\_\_\_

**REGISTRATION FEE**

Fee Payment Type:  Visa  Discover  MasterCard  AMEX  Check

Credit Card No.: \_\_\_\_\_ 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 \_\_\_\_\_