



Bill Glass Champions for Life

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# Perry, GA Weekend of Champions April 10-12, 2008

**PLEASE PRINT**

**\*\* This form must be received by: Wednesday, March 19, 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 \_\_\_\_\_