



Bill Glass Champions for Life
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 www.billglasscfl.org

For Official Use Only

Fee Recv'd:

Check, or CC

Amt.\$ _____

**Tallahassee, FL Day of Champions
 June 28, 2008**

PLEASE PRINT

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

**** This form must be received by: Wednesday, June 4, 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 _____