

\*\* This form must be received by: 04/21/2010

**NEW WOC REGISTRATION FEE - \$25 (First Team Members Exempt)**

Fee Payment Type:  Visa  Discover  MasterCard  AMEX  Check  First Team Member  I would like to join 1st team  
 Credit Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signature: \_\_\_\_\_

Full Legal Name \_\_\_\_\_ 1st name you use \_\_\_\_\_  
FIRST MI LAST  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
 Marital Status  Single  Married Spouse's Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ ST \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Sex  M  F Race \_\_\_\_\_  
 Have you ever been convicted of a felony?  No  Yes If yes, Year \_\_\_\_\_ State \_\_\_\_\_ Release date \_\_\_\_\_  
 Institution(s) in which you were incarcerated: \_\_\_\_\_  
 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, have any communication with, or have incarcerated relatives in this event area, please indicate unit name: \_\_\_\_\_  
 Do you have language signing abilities?  No  Yes Do you have translation or speaking abilities in another language?  No  Yes  
 If yes, what language(s)? \_\_\_\_\_ How many Weekend/Day of Champions events you have attended. \_\_\_\_\_

**TRAVEL INFO**

Motorcycle  Car  Van  Bus  Motor Home  Check if available for transportation to units. Capacity \_\_\_\_\_  
 Are you the PRIMARY driver of the vehicle? Arrival date and time \_\_\_\_\_ Riding with \_\_\_\_\_

**FLIGHT INFO**

Airport Pickup Needed?  No  Yes Airline \_\_\_\_\_  
 Arrival Date \_\_\_\_\_ Airport \_\_\_\_\_ Arrival Time \_\_\_\_\_ am/pm Airline Flight # \_\_\_\_\_  
 Depart Date \_\_\_\_\_ Airport \_\_\_\_\_ Departure Time \_\_\_\_\_ am/pm Airline Flight # \_\_\_\_\_

**HOTEL RESERVATIONS AND POLICIES**

If you have a preferred roommate, please indicate below. CFL assigned roommates cannot be guaranteed. We will do our best to accommodate.  
 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# ( ) \_\_\_\_\_ Pastor \_\_\_\_\_  
 Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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 \_\_\_\_\_

