

4717 South Martin Luther King Pkwy, Beaumont, Texas 77705

409-835-0192 Phone
409-835-3341 FAX

GOLDEN TRIANGLE PRISON EVENT

LEGAL NAME (AS ON DRIVER'S LICENSE):			PREFERRED NAME:	
_____	_____	_____	_____	_____
FIRST	MIDDLE	LAST	FIRST	
ADDRESS _____		CITY _____	STATE _____	ZIP _____
HOME PHONE _____		CELL PHONE _____	WORK _____	
EMAIL _____			FACEBOOK <input type="checkbox"/> YES <input type="checkbox"/> NO	
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE _____		ETHNICITY _____	
DRIVER'S LICENSE # _____		STATE _____		
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	SPOUSE'S NAME _____			

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO If "yes" YEAR _____ STATE _____

INSTITUTIONS IN WHICH YOU WERE INCARCERATED: _____

RELEASE DATE _____ HAVE YOU EVER BEEN CONVICTED OF A SEX CRIME? YES NO

IF YOU ARE ON AN INMATE VISITATION LIST, HAVE ANY COMMUNICATION WITH, OR HAVE INCARCERATED RELATIVES IN THE EVENT AREA, PLEASE INDICATE THE UNIT NAME. _____

IS THIS YOUR FIRST PRISON EVENT YES NO

ARE YOU BILINGUAL YES NO If "yes" list languages _____

WILL YOU ATTEND THIS EVENT AS A BIKER YES NO

ARE YOU TRAVELING WITH A GROUP YES NO NAME OF INDIVIDUALS IN GROUP _____

CHURCH YOU ATTEND _____ CHURCH PHONE (_____) _____

FLIGHT INFO				
AIRPORT PICK UP NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	AIRLINE _____			
ARRIVAL DATE _____	AIRPORT _____	ARRIVAL TIME _____	am/pm _____	FLIGHT# _____
DEPART DATE _____	AIRPORT _____	DEPARTURE TIME _____	am/pm _____	FLIGHT# _____

Registration MUST be received by Nov. 12th. Please call 409-835-0192 to confirm.

Submission of this application constitutes an understanding and agreement with The Winning Edge. 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 _____