

1876 Cedar Spur St. Tyler, TX 75703

P: 409-781-8474

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 _____	SSN: _____		
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		SPOUSE'S NAME _____			
T-SHIRT SIZE: _____					

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# _____	

**RECOMMENDED DONATION PER
REGISTRATION \$25**

Registration MUST be received by Nov. 11th. Please call 409-781-8474 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 _____