

APPLICATION FOR CLOSING

DATA REQUESTED BY THE DEPARTMENT OF CORRECTIONS

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ E-MAIL: _____
STATE DL NO.: _____ EXPIRATION DATE: _____
DATE OF BIRTH: _____
SEX: MALE / FEMALE RACE: W B H OTHER

IF YOU HAVE ATTENDED A THREE-DAY WEEKEND PLEASE LIST THE NAME, DATE AND PLACE OF WEEKEND:

This information will be used only as necessary to clear applicant through the Department of Youth Services. Have you ever been arrested or placed on probation or parole? _____

If yes, please give date(s) and explain: _____

I WILL READ AND FOLLOW THE GUIDELINES FOR THIS STATE FACILITY THAT WILL BE SENT TO ME WITH MY LETTER OF ACCEPTANCE. A MINIMUM AGE REQUIREMENT FOR ATTENDING THIS CLOSING CEREMONY HAS BEEN SET BY EACH INDIVIDUAL FACILITY GUIDELINES. I UNDERSTAND THIS APPLICATION WILL BE CHECKED BY THE DEPARTMENT OF CRIMINAL JUSTICE FOR OUTSTANDING WARRANTS IN THE U.S.

Signature _____ Date _____