

**CROSSROADS & PASTOR TIM FISHER HOLY LAND TOUR APPLICATION**  
**NOVEMBER 11-19, 2019**  
***COST: \$2990 land plus coach airfare from Chicago O'Hare***

**Payment via check to The Christian Resource Group or via PayPal: marcroyer@comcast.net**  
**Mail to: The Christian Resource Group, P. O. Box 1308, Granger, IN 46530**  
**Application with \$500 non refundable deposit due by March 1, 2019. Remainder due by May 1, 2019.**

Trip cost \$2990 all inclusive, plus coach flights. A late fee of \$150 will be added if not paid in full by May 1, 2019.

**Name as it appears on your passport:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Male:**  **Female:**

**Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Date of Birth: (for airlines)** \_\_\_\_\_

**PASSPORT NUMBER** \_\_\_\_\_ **ISSUE DATE** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

**Rommate request name:** \_\_\_\_\_

(Extra cost for single room \$1000)

**EMERGENCY HEALTH INFORMATION**

**Physician's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Physician's Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

\*TCRG is not liable for accidents or health risks. You are personally responsible for accidents or health risks. You are personally responsible for your own physical conditions at all times during this trip.

**Are you physically able to participate in a walking tour, sometimes on uneven pay?** YES  NO

**Do you have any sicknesses or diseases?** YES  NO

**Medications:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_