

The Christian Resource Group
HOLY LAND BIBLICAL TOUR
APPLICATION

Please include information that may be used to communicate with you for a quick response. \$500 non-refundable desposit is required to reserve your space. Payment may be made by check or via PayPal. Application due no later than 6 Months prior to trip \$500 (non-refundable). Balance due 3 months prior to trip. Contact us for Pay Pal information or financing options through Interra Credit Union.

Mail to: TCRG HOLY LAND
P.O. Box 1308
Granger, IN 46530

Phone: 574-370-8588
574- 536-8203

Name as it appears on your passport:			
Address:			
City:			
State:		Zip:	
Gender: Male: <input type="checkbox"/>		Female: <input type="checkbox"/>	
Phone:			
Cell Phone:			
E-Mail:			
Date of Birth: (for airlines)			
Passport number:			
Rommate request name:		No preference on roommate <input type="checkbox"/>	
<input type="checkbox"/> I do not want a roommate. (Extra cost for one person in a single, private room adds an extra \$750-\$850 to the trip.)			
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 payment. YES <input type="checkbox"/> NO <input type="checkbox"/>			
Do you have any sicknesses or diseases? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Medications:			
EMERGENCY CONTACT INFORMATION			
Name:			
Address:			
City:			
State:		Zip:	
Relationship			
Phone:			
Cell Phone:			
E-Mail:			
Signature _____		Date _____	