

<p><b>OLIVET NAZARENE UNIVERSITY HOLY LAND TOUR</b>  <b>NOVEMBER 2-11, 2019</b>  <b><i>COST: \$2990 Plus Airfare (\$1299 from Chicago O'Hare Roundtrip)</i></b></p>			
<p>Please indicate on your registration if you are interested in the airfare option = \$4289 Total</p>			
<p>Payment via check to The Christian Resource Group or via PayPal: <a href="mailto:marcroyer@comcast.net">marcroyer@comcast.net</a>                  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.</p>			
<p>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.</p>			
<p>Name as it appears on your passport:</p>		<input style="width: 100%;" type="text"/>	
<p>Address:</p>		<input style="width: 100%;" type="text"/>	
<p>City:</p>		<input style="width: 100%;" type="text"/>	
<p>State:</p>	<input style="width: 100px;" type="text"/>	<p>Zip:</p>	<input style="width: 100px;" type="text"/>
<p>Gender: Male: <input type="checkbox"/></p>		<p>Female: <input type="checkbox"/></p>	
<p>Phone:</p>		<input style="width: 100%;" type="text"/>	
<p>Cell Phone:</p>		<input style="width: 100%;" type="text"/>	
<p>E-Mail:</p>		<input style="width: 100%;" type="text"/>	
<p>Date of Birth: (for airlines)</p>		<p>Expiration Date:</p>	<p>Effective Date:</p>
<p>PASSPORT NUMBER</p>		<input style="width: 100%;" type="text"/>	
<p>Rommate request name: _____                  (Extra cost for single room \$1000)</p>			
<p><b><u>EMERGENCY HEALTH INFORMATION</u></b></p>			
<p>Physician's Name:</p>		<input style="width: 100%;" type="text"/>	
<p>Address:</p>		<input style="width: 100%;" type="text"/>	
<p>City:</p>		<input style="width: 100%;" type="text"/>	
<p>State:</p>	<input style="width: 100px;" type="text"/>	<p>Zip:</p>	<input style="width: 100px;" type="text"/>
<p>Physician's Phone:</p>		<input style="width: 100%;" type="text"/>	
<p>Fax:</p>		<input style="width: 100%;" type="text"/>	
<p>E-Mail:</p>		<input style="width: 100%;" type="text"/>	
<p>*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.</p>			
<p>Are you physically able to participate in a walking tour, sometimes on uneven payment. YES <input type="checkbox"/> NO <input type="checkbox"/></p>			
<p>Do you have any sicknesses or diseases? YES <input type="checkbox"/> NO <input type="checkbox"/></p>			
<p>Medications:</p>		<input style="width: 100%;" type="text"/>	
		<input style="width: 100%;" type="text"/>	
<p><b><u>EMERGENCY CONTACT INFORMATION</u></b></p>			
<p>Name:</p>		<input style="width: 100%;" type="text"/>	
<p>Address:</p>		<input style="width: 100%;" type="text"/>	
<p>City:</p>		<input style="width: 100%;" type="text"/>	
<p>State:</p>	<input style="width: 100px;" type="text"/>	<p>Zip:</p>	<input style="width: 100px;" type="text"/>
<p>Relationship</p>			
<p>Phone:</p>		<input style="width: 100%;" type="text"/>	
<p>Cell Phone:</p>		<input style="width: 100%;" type="text"/>	
<p>E-Mail:</p>		<input style="width: 100%;" type="text"/>	
<p>Signature _____</p>		<p>Date: _____</p>	