

The Christian Resource Group <b>HOLY LAND BIBLICAL TOUR APPLICATION</b> February 11-19, 2020 <b><i>COST: LAND PACKAGE \$2290 PLUS Airfare (depending on departure) \$3090 to \$3690</i></b>	
Please include information that may be used to communicate with you for a quick response. Payment may be made by check to TCRG or through PayPal (credit card) using marcroyer@comcast.net Mail to: TCRG % Dr. Marc Royer, P.O. Box 1308, Granger, Indiana 46530 Application with non refundable \$500 deposit by September 15, 2019. Remainder due November 1, 2019. Land Package Only \$2290 PLUS Airfare (based on 40 participants) Total \$3090 to \$3690 Range	
Name as it appears on your passport	
Address:	
City:	
State:	Zip: <input style="width: 50px;" type="text"/> Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Phone:	
Cell Phone:	
E-Mail:	
Date of Birth: (for airlines)	Effective Date:
Passport number:	Expiration Date:
Rommate request name: _____ (Extra cost for single room \$950)	
<b><u>EMERGENCY HEALTH INFORMATION</u></b>	
Physician's Name:	
Address:	
City:	
State:	Zip: <input style="width: 50px;" type="text"/>
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:	<input style="width: 95%; height: 20px;" type="text"/>
<b><u>EMERGENCY CONTACT INFORMATION</u></b>	
Name:	
Address:	
City:	
State:	Zip: <input style="width: 50px;" type="text"/>
Relationship	
Phone:	
Cell Phone:	
E-Mail:	
Date:	<input style="width: 100px;" type="text"/>
Signature _____	