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|--|----------------------|------------------------------|--------------------------|
| TCRG HOLY LAND TOUR APPLICATION | | | |
| NOVEMBER 11-19, 2019 | | | |
| <i>COST: Land only \$2590* HOLY LAND TRIP - Land and RT Air from Chicago \$4100</i> | | | |
| **** Minimum 20 participants**** | | All meals in Israel included | |
| Payment via check to The Christian Resource Group | | | |
| Mail to: The Christian Resource Group, P. O. Box 1308, Granger, IN 46530 | | | |
| Application with \$500 non refundable deposit due by June 1, 2019. Remainder due by August 1, 2019. | | | |
| Trip cost \$2590 all inclusive, plus coach flights. A late fee of \$150 will be added if not paid in full by August 1, 2019. | | | |
| Name as it appears on your passport: | | | |
| Address: | | | |
| City: | | | |
| State: | <input type="text"/> | Zip: | <input type="text"/> |
| | | Male: | <input type="checkbox"/> |
| | | Female: | <input type="checkbox"/> |
| Phone: | | | |
| Cell Phone: | | | |
| E-Mail: | | | |
| Date of Birth: (for airlines) | | | |
| PASSPORT NUMBER | <input type="text"/> | ISSUE DATE: | <input type="text"/> |
| | | EXPIRATION DATE: | <input type="text"/> |
| Rommate request name: _____ | | | |
| (Extra cost for single room \$1000) | | | |
| <u>EMERGENCY HEALTH INFORMATION</u> | | | |
| Physician's Name: | | | |
| Address: | | | |
| City: | | | |
| State: | <input type="text"/> | Zip: | <input 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 YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Do you have any sicknesses or diseases? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Medications: | | | |
| | | | |
| <u>EMERGENCY CONTACT INFORMATION</u> | | | |
| Name: | | | |
| Address: | | | |
| City: | | | |
| State: | <input type="text"/> | Zip: | <input type="text"/> |
| Relationship | | | |
| Phone: | | | |
| Cell Phone: | | | |
| E-Mail: | | | |
| | Date: _____ | | |
| Signature _____ | | | |