



HOLY LAND BIBLICAL TOUR APPLICATION

Name of tour you are applying for: _____

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
c/o Dr. Marc Royer
1307 Winsted Drive
Goshen, IN 46526

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

-NOTICE-

Neither The Christian Resource Group nor its principals are liable for information, weather, schedule, or circumstances of any kind. All travelers are expected to follow airline and Tour Guide/Tour Company instructions.

TRAVELER INFORMATION	
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	_____
DOB (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 _____