

The Christian Resource Group  
**HOLY LAND BIBLICAL TOUR APPLICATION**  
 February 3-12, 2019  
***COST: \$3090 land and airfare from Chicago***

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-addtl. 3%) using marcroyer@comcast.net  
 Mail to: TCRG Attn: Marc Royer, 1307 Winsted Drive, Goshen, IN 46526 cell:574-370-8588  
 Application with \$500 non refundable due by September 15, 2018. Remainder due by Nov. 1, 2018  
 Land Package Only \$2190 PLUS Airfare (based on 40 participants) Total = \$3090 \*\$150 late fee added after Nov.1, 2018.

|                                     |  |               |                          |
|-------------------------------------|--|---------------|--------------------------|
| 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: \_\_\_\_\_  
 (Extra cost for single room \$750)

**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  NO   
 Do you have any sicknesses or diseases? YES  NO

|              |  |  |  |
|--------------|--|--|--|
| Medications: |  |  |  |
|              |  |  |  |

**EMERGENCY CONTACT INFORMATION**

|              |  |      |  |
|--------------|--|------|--|
| Name:        |  |      |  |
| Address:     |  |      |  |
| City:        |  |      |  |
| State:       |  | Zip: |  |
| Relationship |  |      |  |
| Phone:       |  |      |  |
| Cell Phone:  |  |      |  |
| E-Mail:      |  |      |  |

\_\_\_\_\_  
 Signature

Date: \_\_\_\_\_