

<p>OLIVET NAZARENE UNIVERSITY HOLY LAND TOUR FEBRUARY 4-12, 2020 COST: \$2800 Plus Airfare (from Chicago)</p>			
<p>Payment via check to The Christian Resource Group or via PayPal: marcroyer@comcast.net 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 September 1, 2019.</p>			
<p>Trip cost \$2800 all inclusive, plus coach flights. A late fee of \$150 will be added if not paid in full by September 1, 2019.</p>			
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)	Effective Date:	Expiration Date:	
PASSPORT NUMBER			
Rommate request name: _____ (Extra cost for single room \$1000) <p style="text-align: center;"><u>EMERGENCY HEALTH INFORMATION</u></p>			
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:			
<p style="text-align: center;"><u>EMERGENCY CONTACT INFORMATION</u></p>			
Name:			
Address:			
City:			
State:	Zip:		
Relationship			
Phone:			
Cell Phone:			
E-Mail:			
Signature		Date: _____	