

THE CHRISTIAN RESOURCE GROUP * www.tcr.org * P O BOX 1308 * Granger, IN 46530
(574)370-8588 or (574)536-8203

HOLY LAND TOUR APPLICATION – OCTOBER 14-22, 2022

****Payment Information:** By check to TCRG – LAND PACKAGE WITHOUT AIR - \$2995 (If you choose this option, you must arrive **NO LATER than 11 AM Oct 15** in Tel Aviv.) LAND PACKAGE WITH COACH CLASS GROUP TICKET IS \$4267. (Limited premium seats available-Inquire.) Prices include 7 full days of Touring, breakfast & dinner plus one lunch. **IF YOU PAY WITH YOUR CREDIT CARD** via PayPal to marcroyer@comcast.net – You must ADD an additional 3% as this price for tour is at cost. (\$3085.85 land only or \$4395.01 land & group flight.) A non-refundable \$500 deposit is due with this application (\$517.50 if via credit card)– The BALANCE DUE in our office is July 30, 2022- (A late fee of \$200 will be added for any payment after that date.) ***Important -MOST TRAVEL INSURANCE COMPANIES REQUIRE PURCHASE 20 DAYS AFTER THE DATE OF YOUR DEPOSIT!**

***Your passport expiration must be past May 14, 2022, to be valid for the airlines. If you are applying for your passport – It is best to expedite your application. (Please attach a copy of your passport – kept private.)**

#1 Your NAME as it appears on your Passport: (Please print or type clearly)

#2 Passport Number:

#3 Passport Issue Date:

#4 Passport Expiration Date:

#5 Date of Birth

#6 Gender: ☐ Male ☐ Female

#7 Roommate Name: (Note** All costs are based on double occupancy. If no roommate single room cost is an additional \$1030.)

YOUR CONTACT INFORMATION:

#8 COMPLETE ADDRESS

#9 City, State and Zip Code

#10 Best Phone # to Reach You:

#11 E-Mail Address

EMERGENCY CONTACT INFORMATION:

#12 Name of Emergency Contact:

#13 Relationship to You:

#14 Best Contact Information:

Cell Phone:

E-Mail

EMERGENCY HEALTH INFORMATION: (List required medications and/or diseases on back of application.)*

#15 Physician's Name:

City/State:

#16 Best Contact Information for Physician:

Phone:

Fax:

E-Mail:

****#17 I am physically able to participate in a walking tour, sometimes on uneven surfaces.**

****Signature (Required)**

Date:

*TCRG is not liable for health risks. You are personally responsible for accidents or health risks. By signing, you agree that you are always personally responsible for your own physical conditions during this trip. You will also comply with the State of Israel requirements, including COVID testing at your own expense. Always follow the directives of the tour guide and airline personnel. **TRAVEL INSURANCE is highly recommended at the time of your application (non-refundable deposit.)**