Great News Radio Israel Tour Application Form www.greatnewsradio.org (217)-367-7777

Check the Trip You are Applying For:



April 22-May 3, 2014

Yes No

I am diabetic:



November 6-15, 2014

12 days	TO Days			
General Information———				
Name	Emergency Contact			
(Nickname)	Emergency Contact Relationship			
ProfessionAge	Emergency contact Phone Number(s)			
Date of Birth/	• • •			
	() ()			
Address				
City, State, Zip Code	Rooms based on double-occupancy (single rooms April/May add \$758)			
Home Phone ()	(single rooms November add \$548)			
Work Phone ()	T 1911 4 12 54			
Cell Phone ()	I will be traveling with			
E-Mail	I need a roommate assignment and request			
(print neatly)	Theod a roommate assignment and request			
Passport:				
Name	I would like a single room; I will add \$758 (April/May 12 days)			
(as on passport; one name per form)	\$548 (November 10 days)			
Passport Number	to my deposit.			
Date Issued Expiration Date	Remit: Space is limited. We will telephone you after we have reviewed your application materials and have called your references. Once you are confirmed, remit \$500 deposit, plus your single room supplement, if applicable, as soon as possible. (Do not send money with application.)			
Health Care Information—— (This information will be kept strictly CONFIDENTIAL and will only	be reviewed by Staff if a health issue arises.)			
Health: My condition might slow the group down. Yes No (Circle one)	The constraint is an allowed by some larger and the same larger an			
I understand there are stairs, hills and some long distances	I have arthritis and/or muscle problems: Yes No In the past year, I have been hospitalized with:			
to walk.				
My health for the past year has been: Excellent Good Fair				
(Circle one)				
I am currently taking these medicines:	My primary physician/clinic is:			
·	Health Insurance is with:			
T H C A P C	Health Insurance Policy Number:			
I am allergic to these medicines:	Harld Lawrence Discour Named on			
Other allergies:	Health Insurance Phone Number:			
one megeo.	Other information we should know to better take care of you:			
I have heart disease/angina: Yes No				

Questionnaire In a few sentences, explain why y					
Describe your relationship with	God.				
Have you been baptized? Descri	be.				
Current/past church involvemen	it. (Sunday school te	acher, elder, dea	con, committee or k	ooard mem	ber, ministry volunteer)
Your Church Name and Location Please provide information					
spiritual, and emotional he		-	•		1 0
Reference 1 Name		En	nail (print neatly)		
Phone Number(s):					
Home ()	Work ()		Cell ()
Reference 2		E.,			
Name			nail (print neatly)		
Phone Number(s):		П	iow Long:		
Home ()	Work ()		_Cell ()
Tour Condition					
All registrations are subject to accepta affiliates, assignees, representatives an accidents, damage, baggage loss, delay	nce by Great News Ra ad cooperative agents a ys due to strikes or to and delays in airline sci angements, such altera	adio. Good health act only as agents faults and default hedules. In the evations may be ma	is required to mana for the travel provides of any company usent it becomes necest de without penalty to	ge long wall der, and in cosed for the cossary or advocates of Great New	ks and stairs. Great News Radio and its onsequence, accept no responsibility for arrying out of these tours. Great News isable for the comfort or well being of the vs Radio. Great News Radio and/or its
be added to the trip cost. Cancellation Prior to departure \$100, 90-46 Days Pryour domestic and or International flig	in writing must be rec rior \$300, 45-31 Days th is "ticketed" (usual ar very best to maximi tection Plan we sugge	reived by Great N Prior \$500, 30-3 ly about three we ize all refunds to st you purchase.	Tews Radio for appropersion of Pays Prior \$1,500, teeks out from depart you, as we hope you rip cancellation and	opriate refun 2 Days or le ure), airline 1'll be able to d medical ex	ess to departure 100% of tour cost. Once policy may require a cancellation penalty or reschedule and join us on a future tour. Expense coverage is available for about
Send your completed form to: Gre	eat News Radio, P.O	D. Box 550, Fish	ner IL, 61843		
I have read, understood, and agr	ee with Tour Cond	litions.			
Signature					Date