

REGISTRATION FORM

Who referred you for this trip: St. Lukes - Linda Christians Trip Date: _____ Jordan extension: Yes or No

Please provide information **EXACTLY** as it appears on your passport. Submit a **COPY OF YOUR PASSPORT** with registration.

Last Name _____ First and Middle Name _____

Address _____ City/State/Zip _____

Cell phone () _____ work () _____

E-mail(s) _____

Preferred name on name tag _____ Preferred airport _____

Date of Birth _____ Place of Birth _____ Gender _____

Issue date on Passport _____ Expiration date on Passport _____ Passport Number _____

Arranging your own flight? Please Circle Yes or No

*** We cannot use frequent flyer miles or upgrade with group rates.

*** If arranging your own flights, deduct \$950 from cost of trip. Please send flight itinerary to BR when available.

*** To make arrangements from other departing cities, please call Biblical Resources at 706-885-0363.

*** For those traveling to Jordan: If your flight and/or arrival time differs from the group flight, you will be responsible for the \$60/person visa fee.

Person to contact in case of emergency:

Name _____ Relationship _____

Street, City, State, Country _____

Day phone () _____ work () _____ cell() _____

E-Mail address _____

Tour Members Requesting a Roommate Assigned by Biblical Resources, LLC:

Biblical Resources will try to arrange roommates for those traveling alone (if checked below). If we are unable to find a roommate or if due to cancellation, illness or any other reason, a single room must be assigned and the single supplement fee must be paid by the participant.

_____ Please find me a roommate (Biblical Resources cannot guarantee to find roommates)

_____ I will travel on a single room basis, if available, at a supplemental cost per program

A \$500 per person, deposit (**Payable to Biblical Resources**) is required and mailed with registration form. Reservations will be made upon receipt of deposit. **Full payment is due two months before departure.** Please visit our website at www.biblicalresources.net for the program's Conditions and Statement of Responsibility that become binding upon submission of registration form and deposit. I have read both the itinerary outline for this tour and the terms and conditions of this application carefully. I represent that I am physically and mentally fit and able to participate. I recognize and accept any risks thereof and the conditions set forth therein. Biblical Resources, LLC. and its associates will exercise every care possible, but cannot be held responsible for personal injury in connection with this trip. I also understand and hereby agree for and on behalf of myself, my dependents, heirs executors, administrators, and agree to abide by the conditions set forth under Responsibility, and to release, defend and hold harmless Biblical Resources, LLC. and any of their officers, agents, and property for any losses or harm due to strikes, armed conflict, additional expenses due to weather, disruption of advertised schedules, refusal of visas, or any other causes beyond their control.

Please list any medical condition(s) and/or medications: _____

Any Allergies? _____ **Any other conditions we should be aware of?** _____

Physician name and contact number _____

Signature: _____ Date _____

**NOTE: Send completed registration with copy of passport and deposit to
Dr. Linda Christians at St. Luke's UMC, 3471 Westheimer Houston, TX 77027**