

**TRIP REGISTRATION FORM**

My Tour Host is: \_\_\_\_\_ Trip Name and Date \_\_\_\_\_

**Please provide the information EXACTLY as it appears on your passport**

**PARTICIPANT # 1** Last Name \_\_\_\_\_ First and Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Day phone (    ) \_\_\_\_\_ work (    ) \_\_\_\_\_ cell(    ) \_\_\_\_\_

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 \_\_\_\_\_

**PARTICIPANT # 2** Last Name \_\_\_\_\_ First and Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Day phone (    ) \_\_\_\_\_ work (    ) \_\_\_\_\_ cell(    ) \_\_\_\_\_

E-mail(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Issue date on Passport \_\_\_\_\_ Expiration date on Passport \_\_\_\_\_ Passport Number \_\_\_\_\_

**Person to contact in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street, City, State, Country \_\_\_\_\_

Day phone (    ) \_\_\_\_\_ work (    ) \_\_\_\_\_ cell(    ) \_\_\_\_\_

**Please list any medical condition and/or medications:** \_\_\_\_\_

A \$500 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 trip starts.** Please visit our website at [www.biblicalresources.net](http://www.biblicalresources.net) for the programs Conditions and Statement of Responsibility that become binding upon submission of registration form and deposit. I have read carefully the itinerary outline for this tour as well as the terms and conditions of this application and 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 other cause beyond their control.

**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 (BR, cannot guarantee to find roommates)

\_\_\_\_\_ I will travel on a single room basis, if available, at a supplemental cost.

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

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