

Application Form

Total Trip Fee: \$3,576

General Information

*Great News Radio Trip for Women
Israel & The Netherlands*

May 29 – June 9, 2010

Name _____
(as on passport; one name per form)

Profession _____ Age _____

Date of Birth _____ Name you are called _____

Address _____

City/State/Zip _____

Home Phone _____ Work _____

Cell _____

E-Mail *(print neatly)* _____

Passport Number _____ Date Issued _____

Place Passport was Issued _____

Expiration Date _____

Emergency Contact Name _____

Relationship _____

Emergency Contact Phone #(s) _____

Rooms based on double-occupancy (single rooms add \$758):

I will be traveling with _____

I need a roommate assignment and request

I would like a single room; I will add \$758 to my deposit.

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 \$576 deposit, plus \$758 single supplement, if applicable, as soon as possible or by Dec 1. (Do not send money with your application.) \$3000 due March 1, 2010.

Health: My condition might slow the group down Yes No
I understand there are stairs, hills and some long distances to walk.

My health for the past year has been: Excellent Good Fair

I have read, understood, and agree with Tour Conditions
(See following.)

Health Care Information

Confidential

Name: _____ Age _____

I am currently taking these medicines: _____

I am allergic to these medicines: _____

Other allergies: _____

I have heart disease/angina: Yes No

I am diabetic: Yes No

I have arthritis and/or muscle problems: Yes No

In the past year, I have been hospitalized with: _____

My primary physician/clinic are: _____

Health Insurance is with: _____

Health Insurance Policy Number: _____

Health Insurance Phone Number: _____

Other information we should know to better take care of you:

Questionnaire

In a few sentences, explain why you'd like to participate in this trip:

Describe your relationship with God.

Have you been baptized? Describe.

Your Church Name _____

Please provide information for 2 references that can speak about your character and overall physical, spiritual, and emotional health. These may include clergy, mentor, teacher, friend, employer, etc.

Reference 1

Name of Person _____

Relationship _____

Phone Number(s) H _____ W _____ C _____

Reference 2

Name of Person _____

Relationship _____

Phone Number(s) H _____ W _____ C _____

Tour Conditions

All registrations are subject to acceptance by Great News Radio. Good health is required to manage long walks and stairs. Good News Radio, Inc. and its affiliates, assignees, representatives and cooperative agents act only as agents for the travel provider, and in consequence, accept no responsibility for accidents, damage, baggage loss, delays due to strikes or to faults and defaults of any company used for the carrying out of these tours. Flight times are subject to change without advance notice. Good News Radio, Inc. or Great News Radio is not responsible for changes and delays in airline schedules. In the event it becomes necessary or advisable for the comfort or well being of the passengers, or for any reason whatsoever to alter the itinerary or arrangements, such alterations may be made without penalty to Good News Radio, Inc. Additional expenses, if any, shall be borne by the passengers. The airlines concerned are not to be held responsible for any acts, omissions or events during the time passengers are not on board their planes or conveyances. The passage contract in use by the companies concerned, when issued, shall constitute the sole contract between the companies and the purchaser of these tours and/or the passenger. Good News Radio, Inc. and/or its agents bear no responsibility for health or sickness, accidents, personal effects, loss of life, acts of war, acts of terrorism or civil disorders. Participation implies agreement with the forgoing.