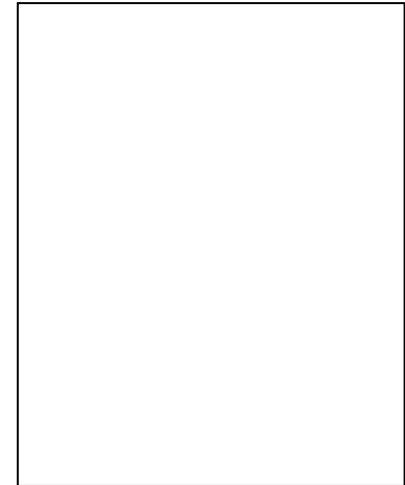


Application for Israel Study Expedition

- 3 week Expedition
 9 week Expedition

(1) Personal Information Please attach or enter recent photo
Each participant must fill out an application.



<p><i>Please read the terms and conditions on the TRI Web site and save a copy for your records. Please write your "official" passport name below and send application by Email to: admin@torahresourcesinternational.info Fax: 972-2-573-0420 Regular mail: TRI PO Box 349 Givat Ze'ev 90917 Israel</i></p>		
<p>A deposit of \$500 per person is required to secure your place on the Expedition, along with the <u>signed</u> application. (Full deposit may be refunded only if Torah Resources International withdraws the program due to failure to meet the minimum required participants, if it is deemed necessary for the safety of the expedition participants, or if there is a personal emergency that TRI recognizes, as stipulated in the Refund section of the Terms and Conditions.)</p>		
Preferred method of contact: <input type="radio"/> Email <input type="radio"/> Home phone <input type="radio"/> Daytime phone		
Email address:		
Full name (as printed on passport):		
Address		
Address 2		
City:	State:	
Postal Code:	Country:	
Home phone		
	(Country code) (Area code) (Phone#)	
Daytime phone		
	(Country code) (Area code) (Phone#)	Extension

Fax			
	(Country code) (Area code) (Phone#)		
SSN/ID#			
Passport#			
Passport expiration		Date of Birth	
	(Day/Month/Year)	(Day/Month/Year)	
Issuing Country		Age	Sex <input type="radio"/> Male <input type="radio"/> Female
Marital Status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Separated		
Profession			
Education	Highest level of education completed is: <input type="radio"/> High school <input type="radio"/> Baccalaureate		
	<input type="radio"/> Master's <input type="radio"/> Ph.D.		

(2) Health Information

Condition of your health	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	
Have you had any serious illness or injury?	<input type="radio"/> Yes <input type="radio"/> No	
If so, give the date, nature and extent:		
Do you have a disease, disability, or physical handicap? <input type="radio"/> Yes <input type="radio"/> No If yes, please describe:		
Blood type (required)		

Full name of personal doctor: Phone: (Country code) (Area code) (Phone#) Email
Is your insurance valid outside your country? <input type="radio"/> Yes <input type="radio"/> No If no, you will need to obtain Travel Insurance for the entire time of your travel. All ISE participants are required to have valid health insurance while visiting in Israel.
Name of insurance carrier:
Email
Phone (Country code) (Area code) (Phone#)
Policy#

(3) Emergency Contact Information

In case of emergency, contact:

Name:	Relationship:
Email	
Home phone	
	(Country code) (Area code) (Phone#)
Daytime phone	
	(Country code) (Area code) (Phone#)
Fax	
	(Country code) (Area code) (Phone#)
Address:	
Address (line 2)	
City:	State
Postal Code	Country

(4) Personal Statements

Why do you want to come on the Israel Study Expedition?

What are some of your expectations of the study expedition?

Do you consider yourself to be a born-again believer? Yes No (This is **not** a requirement.)

If yes, how did you come to this understanding? (Please write in 1000 words or less.)

You can write in here on your computer or send as an attachment or fax.

If no, but you're interested in the Israel Study Expedition experience, would you be comfortable with teachings and discussions about Yeshua? Yes No

As a condition to acceptance of any application, each applicant must agree to and sign the statement set forth below. The program conditions herein become a binding contract when your signed application and deposit payment are received and accepted by Torah Resources International.

We consider this a moderately strenuous program. Walking on rough terrain, climbing stairs and entering/exiting motor coaches are part of the program. All members of the trip are expected to be in active good health, enjoy traveling as part of a group and be ready to experience cultural and religious differences with grace.

Dates, schedules, program details and costs, although given in good faith and based on information available at the time of publication, are subject to change and revision. In the event of such an omission or substitution, no liability will be granted by Torah Resources International. All itineraries are subject to change if deemed necessary for the comfort, convenience, or safety of the expedition participants. Prices quoted for this program are based on a minimum group size of 17 participants and on currency rates of exchange as of November 1, 2007.

I have carefully read the itinerary for this expedition, and agree to the Responsibility Statement and Liability Disclaimer as well as the Terms and Conditions of participation and the refund policy on Torah Resources International's Web site, and represent that I am physically and mentally fit to be able to participate in it and recognize and accept any risks thereof and the conditions set forth therein. I also understand and hereby agree for and on behalf of myself, my dependents, heirs, executors, administrators and assignees to abide by the conditions set forth under **RESPONSIBILITY**, and to release, defend and hold harmless **Torah Resources International**, or representatives from any and all liability for delays, illness, injuries or death, or for the loss of or damage to my property, however occurring, during any portion of, or in relation to the **Israel Study Expedition**.

Signature_____Date_____