



Gratefully Grafted

Ministries International

Please attach
a photo or a
copy of your
passport
photo here

TOUR APPLICATION FORM OCTOBER 08 – 19, 2008

Yes! I believe God is calling me to join the *Worship & Intercession Tour* with **Gratefully Grafted Ministries**.

Please register each traveler on a separate form.

NOTE: Your name must be exactly as it appears on your passport.

Name: _____

Name preferred on nametag: _____

Address: _____

City: _____ State: _____ Zip/Postal Code _____

Country: _____ Fax (if available): _____

Phone: (Day) _____ (Evening) _____ E-mail: _____
(Cell) _____

Registration for the tour dates of: _____ *(subject to change)*

I understand the total fee for the tour (Intl. Airfare only) **is: \$2,990.00**, (Includes Ground package)
(total fee and ground package subject to change) (Also includes mandatory tips to the driver and tour guide)

***Final dates are subject to change. Please do not purchase your domestic flight tickets until we have notified you of the international flight status.**

This is my Non-refundable deposit (\$350.00 minimum, due by August 01, 2008) Full payment (Due September 1, 2008)

Enclosed is my Check Money Order for (US currency) \$ _____ Credit Card

MC / Visa / Am Ex # _____ Exp. _____ / _____

Name and address on credit card statement _____

Please mail this complete application form with your tour deposit to the address below.

Gratefully Grafted Ministries

PO Box 10077, Cedar Rapids, IA 52410-0077 USA

E-mail: cheryllunsford@gratefullygrafted.org / Internet: www.gratefullygrafted.org

Phone: (319) 393-1096 | Fax: (319) 393-2912

Practical Information

Passport No: _____ Issue Date: ____/____/____

Place of Issue: _____

Birth date: _____ Marital Stasis: Single Married Widowed Divorced

Is a family member applying to join you? Yes / No

* If yes, they need to fill out a separate application form as well.

* Their name _____

Present Occupation: _____

Ministry and Congregation details

Home Congregation name: _____

Congregation address: _____

Phone: _____ Fax: _____ E-mail: _____

Web Site: _____

How long have you been attending this Congregation? _____

In what ways have you served in the life of your congregation or any congregation? _____

What other mission involvements have you had? _____

If you are in full or part-time service, please give details:

Name of Ministry: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

For our Information

Are you familiar with the ministry of Gratefully Grafted Ministries? *Yes / No*

If yes, please explain: _____

Do you receive the Prayer Update by e-mail? *Yes / No*

Do you receive our newsletter? *Yes / No*

Please briefly explain any previous trips to Israel:

Please explain briefly how you came to decide to apply for this Intercession & Worship Tour?

** Are you willing to submit to the leadership of Gratefully Grafted Ministries and/or local leaders? _____

Pastoral Referral

****Recognizing the serious nature of our mission, we desire to employ all the wisdom and protection available.** In light of that we ask that you would provide to us a letter of agreement and blessing from your pastor or authority to whom you are spiritually accountable.

We need to know that you are sent with their blessings and most importantly under a covering of prayer.

Health Information

How would you rate your health? *Supernatural Great Decent Could be better Poor*

Do you have any restrictions that could hold you back from climbing stairs or walking short distances? *Yes / No*
If yes, please describe: _____

Are you presently taking any medication or are under a doctor's treatment? *Yes / No*

Are you pregnant? *Yes / No* If yes, when is the baby due? _____

Have you ever had any mental illness or psychiatric treatment? *Yes / No*
If yes, please explain: _____

Do you have any physical disabilities? *Yes / No*
If yes, please explain: _____

Are you allergic to any medicine? *Yes / No*
If yes, please specify: _____

Do you have any other allergies? *Yes / No*
If yes, please describe: _____

Are you on any kind of special diet? *Yes / No*
If yes, please describe: _____

Do you have any objection to using medical services? *Yes / No*
If yes, please describe: _____

Do you plan to take out medical insurance coverage for your stay in Israel? *Yes / No*
If not, we strongly advise you to get in touch with your Health Insurance provider to make sure you are covered in Israel, or take out special travel insurance available at most travel agencies.

Emergency information

In case of an emergency, contact:

Name _____ Relationship _____

Address _____

Phone: _____ Mobile: _____ E-mail: _____

I certify that all the information is complete and details are accurate.

Signature: _____ Date: _____