Registration Form

*Biblical Turkey*

Training through Travel - Urbana Theological Seminary  
  
May 4 - 16, 2025

**$4,590 per person; $860 single room supplement**

Email: travel@urbanatheologicalseminary.org

We are so glad you’re interested in traveling to Turkey with us. Please complete the following registration form. Make checks to “Urbana Theological Seminary” with “Turkey – 2025” on the memo line.

Response: Please mail your registration and $200 deposit by December 15, 2024 to **“**UTS **Turkey Trip**,**”** 314 East Daniel Street, Champaign, IL 61820

Credit card payments accepted with the applicant covering the added service fee of 3%.

Each participant will need to complete this form. Please print legibly.

General Information

Name 

(Nickname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation (now or before if retired) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_ Date of Birth \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

Address 

City 

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirm Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Number—MUST BE VALID 6 MONTH**S** PAST DATE OF DEPARTURE

Passport Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirm Passport Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name As Listed on Your Passport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Passport Issued \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

Date Passport Expires \_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

Emergency Contact Phone Number and email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Contact Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select Room Rate   
\_\_\_\_\_\_ Double occupancy (rooming with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_ Double occupancy (I need a roommate assignment)

\_\_\_\_\_\_ Single occupancy (I understand there will be an additional $980 added to my trip cost)

In a few sentences, share with us why you'd like to participate in this trip

THIS PAGE IS *OPTIONAL*. WE WOULD ONLY USE THIS INFORMATION IN THE EVENT OF A HEALTH EMERGENCY.

Health Care Information (This information will be kept strictly CONFIDENTIAL and will only be reviewed by staff if a health issue arises.)

My condition might slow down the group. Yes No

\_\_\_\_\_\_ I understand there are stairs, hills, and some long distances to walk.

My health for the past year has been (circle one): Excellent Good Fair

I am currently taking these medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am allergic to these medicines: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have heart disease/angina (circle one): Yes No

I am diabetic (circle one): Yes No

I have special dietary requirements Yes No

I have arthritis and/or muscle problems (circle one): Yes No

In the past 12 months, I have been hospitalized with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My primary physician/clinic is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health insurance carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health insurance policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health insurance phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Tour Terms and Conditions Biblical Turkey Trip (UTS COPY**, PLEASE** RETURN WITH PAYMENT)

* Urbana Theological Seminary 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.
* Urbana Theological Seminary is not responsible for changes and delays in airline schedules. In the event it becomes necessary or advisable for the comfort or wellbeing of the passengers, to alter the itinerary or arrangements, such alterations may be made without penalty to Urbana Theological Seminary.
* Urbana Theological Seminary and/or its agents bear no responsibility for health or sickness, accidents, personal effects, loss of life, acts of war, and acts of terrorism or civil disorders.
* Cancellation in writing must be received by Urbana Theological Seminary for appropriate refund minus the following fees: 90-60 Days Prior to departure no penalty, 59-30 Days Prior 25%, 29 - 15 Days Prior 50%, 14 Days or less to departure 100% of tour cost. Once your domestic and/or international flight is “ticketed” (usually about three weeks out from departure), airline policy may require a cancellation penalty payment.
* Urbana Theological Seminary will do our very best to maximize all refunds to you, as we hope you’ll be able to reschedule and join us on a future tour.
* Be sure to check with your healthcare provider as many US medical plans may not cover you outside of the country.

Acknowledgement of tour terms and conditions:

I affirm that I have read, understand, and accept the above terms and conditions.

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_