Inklings Tour

Urbana Theological Seminary  
Inklings Tour Application Form  
September 16-27, 2025

We’re so glad you’re interested in traveling to Israel with us. Please complete the following application. You will need your passport, health care information and account number, along with a number of trip expectation questions and inquiries.

Once we receive and review your information, and call your references (we request one reference, so that we may know how best to serve you), we'll then contact you requesting a trip deposit of $500 per person. Checks are to be made out to “Urbana Theological Seminary Inklings.”

If your spouse or a friend is joining you on this trip, each applicant needs to fill out and complete this form.

General Information

First Name

Last

(Nickname)

Occupation \*

Age \*

Date of Birth \* / /

Address \*

Street Address

City

State / Province / Region

Postal / Zip Code

Country

Best Contact Number \*  
Home Number

Work Phone Number

Cell Phone Number

Email Address \*

Confirm Email \*

Passport Number - Please Double Check \*

Name As Listed On Your Passport \*

Date Passport Issued \* / /

Date Passport Expires \* / /

Emergency Contact Info

Emergency Contact \*

First

Last

Relationship to Emergency Contact \*

Emergency Contact Phone Number \*

Additional Emergency Contact Phone Number

Room Rate \*

Double-occupancy

Double-occupancy (I need a roommate assignment)

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

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

Caveat \*

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

My health for the past year has been: \*

Excellent

Good

Fair

I am currently taking these medications:

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 is: \*

Health Insurance Carrier \*

Health Insurance Policy Number \*

Health Insurance Phone Number \*

Other information we should know to take better 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. \*

Current/past church involvement. \*

The Church you attend and Pastor's name. \*

References

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.

We want to know how best to serve you, and maybe call on your spiritual gifts to bless others.

Reference 1

Ref 1 Name \*

First

Last

Ref 1 Email \*

Ref 1 Phone Number \*

Relationship to Ref 1 and how long known? \*

Reference 2

Ref 2 Name \*

First

Last

Ref 2 Email \*

Ref 2 Phone Number \*

Relationship to Ref 2 and how long known? \*

Tour Terms and Conditions

All registrations are subject to acceptance by Urbana Theological Seminary. Good health is required to manage long walks and stairs. 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. If Jet fuel goes up more than 5% after the initial published tour rate, or the US Dollar drops more than 5% to the Israeli shekel, a slight surcharge may be added to the trip cost. Cancellation in writing must be received by Urbana Theological Seminary for appropriate refund minus the following fees: 91+ Days Prior to departure $100, 90-46 Days Prior $300, 45-31 Days Prior $500, 30-3 Days Prior $1,500, 2 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. Ask about the TravelGuard Travel Protection Plan we suggest you purchase. Trip cancellation and medical expense coverage is available for about $200-$270. 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.

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