



BIBLE STUDY AND TRAVEL PROGRAMS – HOLY LAND RETREAT

The Application Process

Holy Land Retreat: June 25-July 6, 2020

Since this is a program of overseas travel, it is necessary to have all the required documentation in order. If you do not have a passport, please secure one as soon as you can. Citizens of the United States can get information about securing a passport from www.state.gov/travel. Citizens of other countries should consult local authorities about securing a passport. If you already have a passport, please ensure that it is valid for six months beyond the program's end date (in this case, December 29, 2020). You may apply for the program before you have your passport, but you must have a valid passport *before* beginning the trip.

Obtaining a visa to Israel is the responsibility of the participants. U.S. citizens will not need to acquire any visas before leaving although citizens of other countries may need to secure a visa for Israel. Please contact the Israeli embassy or consulate near you for information. It could possibly take up to 60 days to process papers for your visa request. Please allow enough time.

Special note: U.S. visas must be valid for 6 months after conclusion of trip.

The cost of the trip is \$2850 which includes lodging, full breakfast and supper, transportation within Israel, and all entrance fees and tips. If you choose to fly with the group from Chicago, the total price is \$4250.

Holy Land Retreat: Depart June 25, 2020
Depart O'Hare Airport 4:20 PM
Arrive Ben Gurion Airport 3:00 PM on June 26, 2020

Depart July 6, 2020
Depart Ben Gurion Airport early AM
Arrive O'Hare Airport 1:55 PM

Thank you for carefully completing the application form. This will bring you one step closer to the lands of the Bible.

Application Deadline: February 28, 2020
Please return the application and \$400 non-refundable deposit to
(deposit will be applied to the total cost of \$2850 or \$4250 with airfare):
Director Biblical Study and Travel Office
Catholic Theological Union
5401 S. Cornell Avenue, Chicago, IL 60615.



BIBLE STUDY AND TRAVEL PROGRAMS – HOLY LAND RETREAT Application Form

Please print all information.

Name (Please print your name as it appears on your Passport.)

Last _____ First _____ Middle _____

Mailing Address

Street _____

City _____ State/Province _____ Postal Code _____

Country _____

Note: If you change your address, email, or phone number any time before June 1, 2020, please notify the Director of the Biblical Study and Travel Office at 773.371.5521 or CTUTravel@ctu.edu.

Email address _____ (will be shared in the program manual)

Telephone

Cell: (____) _____ Day (____) _____ Evening (____) _____

(Please include the country code if number is not in the US.)

[If your bills should be sent to someone other than yourself (i.e. the Treasurer of your religious congregation), please put that contact information below (address, phone number and email address). Otherwise, please leave these lines blank.]

I will be traveling with the group from Chicago (\$4250)

I will arrange my own transportation (\$2850) and arrive Ben Gurion Airport, Tel Aviv by 3 p.m. June 26, 2020

Name Tags: We will make name tags for each person to wear to facilitate your getting to know one another. They will be made in this format:



Please indicate your preference based on how you would like to be addressed in everyday conversation.

Large Letters (on top) : _____

Smaller Letters (below): _____

Program Manual: Please send a photo of yourself and write a SHORT paragraph about yourself, that we can use in our program manual to 'introduce' participants to one another. The introduction should be no more than 4-6 sentences. The photo and introduction may be sent by email or by regular mail to Ferdinand Okorie, Director of Biblical Study and Travel, CTUTravel@ctu.edu.

Passport Information

Please send a copy of your passport AND provide the following information from your passport. Please print the information exactly as it is listed on your passport.

Reminder: If you do not have a passport or if your passport will expire before January 6, 2021 please apply for or renew your passport at your earliest convenience. After receiving your passport, please send a photocopy to Ferdinand Okorie at CTUTravel@ctu.edu.

Country of Issue:			
Passport No.:		Date of Birth:	
Date of Issue:		Date of Expiration:	

Single Room Supplement

I request a single room and understand it is an additional fee of \$895.

I am not requesting a single room.

Ecclesiastical Background

I am a member of the _____ Church.

I am a lay person: (Single Married)

I am a member of the following religious community:

Name of Congregation: _____

(Professed In Formation Seminarian.....Year of Ordination _____)

The initials at the end of my name that identify my congregation are: _____

I am a member of the diocesan clergy: Diocese _____

(_____ Seminarian Year of Ordination _____)

Letter of Recommendation

Current CTU students do not have to request a Letter of Recommendation. All other participants do. If you are not a current CTU student, please complete the following:

I have requested a Letter of Recommendation from _____

Please give that person the two-page form for that purpose that is included on pp. 7 and 8.

Medical and Emergency Contact Information

Name

Last _____ First _____ Middle _____

Emergency Contact:

Name _____ Relationship _____

Address _____

City, State, Zip Code _____

Email address _____

Cell: (____) _____ Day (____) _____ Evening (____) _____
(Please include the country code if number is not in the US.)**Please provide the following information for use in case of a medical emergency:**

Physician's Name _____

Telephone ____ (____) _____ Fax ____ (____) _____
(Please include the country code if number is not in the US.)

Medical insurance: Company name: _____

Policy number: _____

Telephone: ____ (____) _____
(Please include the country code if number is not in the US.)**Medications**

Please list medications (including over-the-counter medicines) you are currently taking and the condition for which the medication(s) is required.

Medication	Condition

Have you had surgery in the last 12 months?

If yes, what physical situation required the surgery?

What, if any, physical limitations or health difficulties do you have?

Necessary Stamina

Please give serious consideration to the following statement and affix your signature below it if you agree that you have the necessary stamina to participate in this retreat.

I am aware that this trip requires daily and sometimes lengthy walking, occasionally on uneven ground for at least one mile, in a climate of intense heat. It also involves living cooperatively in a community setting for the duration of the trip. I have the physical, emotional, and mental strength to participate fully and I recognize that it is my responsibility to inform the staff should any health problems arise before or during the trip.

(Your signature)

Please return completed application with the \$400 non-refundable deposit to:

Director of Biblical Study and Travel Programs
Catholic Theological Union
5401 S. Cornell Ave.
Chicago, IL 60615 USA
Office: 773.371.5521
Fax: 773.324.1009
Email: CTUTravel@ctu.edu

[It is acceptable to email this application with the provision that the signed original of this page will be sent to the Director of the Biblical Study and Travel via regular mail. Don't forget to send the \$400 non-refundable deposit as well.

Make checks payable to Catholic Theological Union. The entire deposit will be deducted from the total cost of the program.

If you wish to pay by credit card, please call CTU's Business Office: 773.371.5408.

Application Items Needed:

- Application form complete including Medical and Emergency Contact Information
- Deposit
- Photocopy of passport
- Photo and introductory paragraph
- Letter of Recommendation, if not current CTU student



LETTER OF RECOMMENDATION

Applicant's Name _____

I, the applicant, agree that the recommendation I am requesting shall be held in confidence by officials of Catholic Theological Union, and I hereby waive any rights I may have to examine it.

Yes _____ No _____

This person has applied to attend Catholic Theological Union's 2020 Holy Land Retreat. This is a 11 day program of travel in Israel. It involves adjustment to a foreign culture and to community living, and visits to many religious and archaeological sites. The participant must have an interest in insights about the Scriptures, be able to live cooperatively in community with both men and women and be sufficiently flexible to adjust to new situations and different cultures. The program is physically strenuous, involving a lot of walking on uneven terrain for at least one mile, steep climbs and desert climate. Anyone whose footing is unsure, who is already fatigued, is under psychological stress, has had surgery within six months prior to the beginning of the program, has dietary restrictions or has less than vigorous good health is not advised to undertake this program.

In the light of this description, would you please respond to the following:

How long and in what capacity have you known the applicant?

Please comment on the applicant's capacity to successfully participate in the kind of program described above.

Other comments:

I verify that the information given in this recommendation is complete and accurate to the best of my knowledge.

Date

Name (please print)

Relationship to Applicant

Your phone #

Your Address

City/State/Zip

Signature

Please return to:

Ferdinand Okorie, CMF
Director of Biblical Study and Travel Programs
Catholic Theological Union
5401 S. Cornell Ave.
Chicago, IL 60615 USA
Office: 773.371.5521
Fax: 773.324.1009
Email: CTUTravel@ctu.edu