



KNIGHTS TEMPLAR HOLY LAND PILGRIMAGE

QUESTIONNAIRE FOR MINISTERS / NOMINATION FORM 2027

1. FULL FIRST MIDDLE & LAST NAME: _____
2. HOME ADDRESS: _____
CITY / STATE / ZIP CODE: _____
3. TELEPHONE: home: _____ work _____ mobile: _____
4. AGE: _____ DATE OF BIRTH: _____ Email: _____
5. Spouse's name, if married: _____ Number of years married: _____
6. Children's name(s) and age(s), if any: _____

7. HIGHER EDUCATION - give name of school, years attended, and degrees / certification / credentials achieved:

8. Type of ordination and name of body conferring ordination/certification/credentials. (**please attach a copy of your clergy credentials**):

9. Name of Church you currently serve and its complete address (including city, state & zip) and **office phone**:

10. Number of years in clergy / credentialed ministry: _____
11. List other churches, years served and positions held:

12. Have you ever been to the Holy Land? _____ If yes, give the date(s) and the single most inspiring site visited:

- 13a. Why would you like to travel to the Holy Land? _____

- 13b. Upon your return, how might this experience effect your ministry? _____

14. Masonic affiliation, if any: _____

15. Why did you elect to become a minister? _____

16. **Please obtain a signature** from the Chair of your Personnel Committee, Church Board, District or Regional Supervisor, etc. If selected to be a Pilgrim Minister on the Knights Templar Holy Land Pilgrimage, this pastor will be granted leave to participate.

Signature: _____ Date _____

Printed Name and Contact information: _____

17. Are you willing to travel to the Holy Land as a guest of the Knights Templar? _____

18. Are you willing to travel to the Holy Land WITHOUT your spouse (this is not negotiable)? _____

19. Are you willing to be a part of a traveling group made up of members of many other denominations? _____

20. Do you know of any Knights Templar in your church? _____

If so, please list name(s): _____

21. Are you aware of any health problems which would prevent or limit your participation in this strenuous trip? _____

22. Do you require medication? _____

23. What is the size of your congregation? _____

24. Number of ministers serving the congregation: _____

25. Do you hold a valid passport for travel to Israel? _____

If no, do you foresee any difficulty in obtaining one? _____

26. If chosen, will you be able to travel on the dates, **February 1 – 11, 2027 or February 15 – 25, 2027.**

27. Has your name ever been submitted as a Knights Templar Holy Land Pilgrimage nominee in the past? _____

I understand that this pilgrimage is an 11-day program that covers as much ground as possible in the touring days (we average 5 – 7 miles of walking many days, often uphill or up steps and on uneven surfaces) and I am physically able to fully participate.

I commit to clearing my personal calendar and making the necessary arrangements with the church to facilitate my full participation and travel with the Knights Templar Holy Land Pilgrimage if selected.

Minister's Signature: _____ Date: _____

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I recommend this individual for participation in the Knights Templar Holy Land Pilgrimage and attest that they are fully informed of the necessary time and physical fitness requirements of this program.

29. Recommending Commander's Signature: _____

28. Recommending Commandery: _____ Commandery No. _____

30. Recommending Commandery— Local contact person for info, details, and arrangements (name, address, phones, & email):
