



# KNIGHTS TEMPLAR HOLY LAND PILGRIMAGE

## QUESTIONNAIRE FOR MINISTERS / NOMINATION FORM 2026

1. FULL FIRST MIDDLE & LAST NAME: \_\_\_\_\_
2. HOME ADDRESS: \_\_\_\_\_  
CITY / STATE / ZIP CODE: \_\_\_\_\_
3. TELEPHONE: area code (\_\_\_\_\_) 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 achieved:  
\_\_\_\_\_  
\_\_\_\_\_
8. Type of ordination and name of body conferring ordination (**please attach a copy of your ordination certificate**):  
\_\_\_\_\_
9. Name of Church you currently serve and its complete address (including city, state & zip) and **office phone**:  
\_\_\_\_\_
10. Number of years in **full time** ordained 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 affect 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 not, do you foresee any difficulty in obtaining one? \_\_\_\_\_

26. If chosen, will you be able to travel on the dates. **Please circle which date you choose.**

**Feb. 9 – Feb. 19, 2026, or Feb. 23 – March 5, 2026**

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):

\_\_\_\_\_