

Registration Form

Word of Faith Int'l Christian Center

March 4-14, 2024



PARTICIPANT #1 Information (Name as appears on passport)

LEGAL LAST NAME: _____

LEGAL FIRST & MIDDLE NAME: _____

Mr. Mrs. Ms. Dr. Pastor

Gender: Male Female

Nickname (for name badge): _____

Date of Birth (MM/DD/YYYY): _____

PARTICIPANT #2 Information (Name as appears on passport)

LEGAL LAST NAME: _____

LEGAL FIRST & MIDDLE NAME: _____

Mr. Mrs. Ms. Dr. Pastor

Gender: Male Female

Nickname (for name badge): _____

Date of Birth (MM/DD/YYYY): _____

Church Name/Affiliation _____ Pastor's Name _____

Michigan Mississippi Florida Texas Georgia Other _____

Address Line 1 _____ Address Line 2 _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Email _____

ROOMMATE _____ TRAVELING WITH _____

SINGLE ROOM request at a supplement of \$1,295.00 PLEASE ASSIGN A ROOMMATE (Assignment Conditions)

AIRLINE INFORMATION

Seating Preference: Aisle Window Seat w/roommate adj.

(Every effort will be made to accommodate seating preference; however, requests cannot be guaranteed).

Business Class upgrade on request; supplement \$5,120.00 Premium Economy Class upgrade on request; supplement \$1,790.00

Special Meals: Participant #1 _____ Participant #2 _____

Frequent Flyer Name & No: Participant #1 _____ Participant #2 _____

PASSPORT INFORMATION

A COPY OF THE PASSPORT INFORMATION PAGE MUST BE SUBMITTED TO FROSCH WITH YOUR REGISTRATION FORM (AND BE VALID 6 MONTHS BEYOND TOUR DATE). IF APPLYING FOR A NEW PASSPORT OR RENEWING, REGISTER AND THEN PLEASE SUBMIT A COPY ONCE RECEIVED.

METHOD OF PAYMENT Paying by check (List trip name in memo area of check) Paying by credit card

I, _____, authorize FROSCH to charge \$500.00 per person for deposit (\$250.00 per person of which is non-refundable; additional cancellation fees will apply, see details under "cancellation penalties") to the following credit card upon receipt of this registration form, and the **final balance on or before Friday, December 1, 2023.**

Visa MasterCard American Express Discover Diners Club

Credit Card Number _____ Expiration Date _____ Security Code _____

Name as it appears on card _____ Signature _____

Billing Address (if different from above) _____

*Signature required for credit card charges. Participant acknowledges and authorizes Frosch International Travel, Inc. to charge credit card. FROSCH reserves the right, and if warranted, will pass on to participant, any price increase due to government airline tax increase and/or increase in fuel charges should they come into effect at any time prior to departure.

This tour is arranged by FROSCH, One Greenway Plaza, Suite 800, Houston, Texas 77046 and Word of Faith International Christian Center. All tickets and coupons governing transportation and other services and facilities furnished are issued by FROSCH, only as agents for such other companies furnishing such services and facilities, and neither they nor their sub-agents shall be held liable for loss or damage to property or injury to person caused by reason of any defect by any transportation company, agent, or any such party providing such services. In addition and without limitation, FROSCH, (Church Name), and its sub-agents are not responsible for any injury, loss, death, inconvenience, delay or damage to person or property in connection with the provision of any goods or services whether resulting from, but not limited to acts of God or force majeure, illness, disease, acts of war or civil unrest, insurrection or revolt, animals, strikes or other labor activities, criminal or terrorist activities of any kind, physical activity (to include walking, hiking, climbing) participated in by tour participant. Any medical expense incurred by tour participant while on this tour is participant's full & sole responsibility. As being informed by the above information, you are advised to purchase the trip cancellation and interruption insurance offered by FROSCH and there will be no misunderstanding before, during or after your trip.

Signature Required _____ Date _____

Please complete this form and send with a deposit of \$500.00 per person, of which \$250.00 is non-refundable, to:

Israel Travel Desk · Group Department · FROSCH Travel · One Greenway Plaza, Suite 800 · Houston, TX 77046

Tel.: 713-568-4296 · Fax.: 713-850-0027 · Email: israeltraveldesk@frosch.com