



NEW LIFE ANOINTED MINISTRIES

ISRAEL - THE HOLY LAND NOVEMBER 6-13, 2017

REGISTRATION FORM

PARTICIPANT #1 Information (Name as 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 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 Affiliation: _____

Address Line 1 _____ Address Line 2 _____

City _____ State _____

_____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____

ROOMMATE

TRAVELING WITH

☐ **SINGLE ROOM request at a supplement of \$595.00**☐ **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).

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 YOU NEED TO REQUEST A NEW PASSPORT OR RENEW AN EXISTING PASSPORT, PROCEED TO SUBMIT THE REGISTRATION FORM, AND SEND A COPY AS SOON AS YOU RECEIVE IT.

METHOD OF PAYMENT ☐ Paying by check (List New Life Anointed in memo area of check) ☐ Paying by credit card

I, _____, authorize FROSCH to charge \$500. per person for deposit (\$100. 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, JULY 28, 2017**. ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Diners Club

Credit Card Number _____

Expiration Date _____ Security Code _____

Name as it appears on card

Signature

*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 FROSCHE, One Greenway Plaza, Suite 800, Houston, Texas 77046 and New Life Anointed Ministries. All tickets and coupons governing transportation and other services and facilities furnished are issued by FROSCHE, 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, FROSCHE, New Life Anointed Ministries 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 FROSCHE 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. per person, of which \$100.00 is non-refundable, to:
Ms. Nancy Barr · Group Department · FROSCHE Travel · One Greenway Plaza, Suite 800 · Houston, TX 77046 Tel.:
713-850-1566 · Fax.: 713-850-0027 · Email: israeltraveldesk@frosch.com**