



# CUFI EAST PASTOR LEADERSHIP OCTOBER 25 – NOVEMBER 3, 2021

## PARTICIPANT INFORMATION (Name as appears on passport)

LEGAL LAST NAME: \_\_\_\_\_ LEGAL FIRST & MIDDLE NAME: \_\_\_\_\_

Pastor  Minister  Bishop  Reverend

Gender:  Male  Female

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Name for name badge: \_\_\_\_\_

## CLERGY QUALIFICATIONS MUST MEET THE FOLLOWING CRITERIA:

- Ordained clergy with ordination certificate (please submit copy with registration)
- Name of Church / City, State: \_\_\_\_\_
- First trip to Israel:  Yes  No; dates of last trip(s) \_\_\_\_\_
- Declaration of intent to create a group for future travel to Israel; projected date : \_\_\_\_\_

## MAILING ADDRESS FOR FINAL DOCUMENTS

Address Line 1 \_\_\_\_\_ Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

## AIRLINE INFORMATION

Seating Preference:  Aisle  Window

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

Dietary Restrictions/Allergies: \_\_\_\_\_

Frequent Flyer Name & No: \_\_\_\_\_

## 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 trip name in memo area of check)  Paying by credit card

I, \_\_\_\_\_, authorize FROSCH to charge \$800.00 per person for deposit (\$200.00 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, JULY 23, 2021**.

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 CUFI. 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, CUFI, 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.

**Please complete this form and send with payment of \$800.00, of which \$200.00 is non-refundable, to:**

**CUFI · 18410 Sonterra Place, Suite 100 · San Antonio, TX 78258**

**Tel: 210-477-4714 Fax: 210-477-4713 Email: Ashley.pace@cufi.org**