



LIVING WITNESS TOUR WITH HOLOCAUST SURVIVOR IRVING ROTH
MARCH 24 – 31, 2019
REGISTRATION FORM

PARTICIPANT #1 Information*(Name as on passport)*

LEGAL LAST NAME: _____

LEGAL FIRST & MIDDLE NAME: _____

 Mr. Mrs. Ms. Dr. PastorGender: 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. PastorGender: Male Female

Nickname (for name badge): _____

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

Address Line 1 _____ Address Line 2 _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Email _____

PASSPORT INFORMATION

A copy of the passport information page must be mailed or emailed (cufipoland@frosch.com) to FROSCH as soon as you submit your online 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.

HOTEL INFORMATION

I am traveling with others on this trip – Please provide names for bus assignment: _____

I would like to share a room with: _____

 PLEASE ASSIGN A ROOMMATE*(Please see "Hotel Accommodations" section of brochure regarding roommate assignment conditions.)* **REQUEST SINGLE ROOM** at a supplement of \$495.00 *(Single rooms limited.)***AIRLINE INFORMATION** Please contact me regarding assistance with domestic airfare from my home city.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 _____

 BUSINESS CLASS UPGRADE at a supplement of \$4,045.00

METHOD OF PAYMENT

Paying by check (List CUFI Poland in memo area of check) Paying by credit card

I, _____, authorize FROSCH to charge \$500.00 per person for deposit (\$100.00 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 7, 2018.**

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.*

Tour Members Needing Special Assistance:

Level of activity for the tour ranges from moderate to strenuous daily and pace is moderate to fast. Any physical limitations, health conditions or disability requiring special attention should be reported to FROSCH at the time the reservation is made. FROSCH will make a reasonable effort to accommodate the special needs of the tour participants but is not responsible if unable to do so. FROSCH, Christians United for Israel, and its sub-agents are not responsible for any denial of services by carriers, hotels, restaurants or other independent suppliers. We regret that we cannot provide individual assistance to a tour member for walking, dining, getting on and off motor coaches and other transportation vehicles or other personal needs. **Travelers who need such assistance must be accompanied by a qualified companion.**

This tour is arranged by Frosch Travel, 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 Travel, 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. Frosch Travel, CUFI and its sub-agents reserve the right to withdraw services and make changes and alterations in the itinerary as may be necessary in their judgment for the proper handling of the tour. The airlines concerned are not to be held liable for any act, omission, or event during the time the passengers are not on board their planes or conveyances. The passage contract in use by the airlines concerned, when issued, shall constitute the sole contract between the airlines and the purchasers of this tour.

Signature Required _____ **Date** _____

Please complete this form and send with a deposit of \$500. per person, of which \$100.00 is non-refundable, to:

Frosch Travel: cufipoland@frosch.com

FROSCH One Greenway Plaza, Suite 800, Houston, TX 77046

Phone: 713-568-4296; Fax: 713-850-0027