

**PARKWAY ASSEMBLY**  
**AUGUST 21-31, 2017**



# REGISTRATION FORM

**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): \_\_\_\_\_

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

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

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

ROOMMATE \_\_\_\_\_ TRAVELING WITH \_\_\_\_\_

**SINGLE ROOM request at a supplement of \$825.00**

**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 PARKWAY ASSEMBLY 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, MAY 19, 2017**.

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 Parkway Assembly. 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, Parkway Assembly 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. per person, of which \$100.00 is non-refundable, to:**

**Ms. Nancy Barr · Group Department · FROSCH Travel · One Greenway Plaza, Suite 800 · Houston, TX 77046**

**Tel.: 713-850-1566 · Fax.: 713-850-0027 · Email: israeltraveldesk@frosch.com**