



CONGREGATION BETH YESHURUN
December 19-29, 2010
DK 921166

REGISTRATION FORM

Legal Last Name _____ Legal First Name _____
__Mr. __Mrs. __Ms. __Dr. (name as it appears on passport)

Legal Last Name _____ Legal First Name _____
__Mr. __Mrs. __Ms. __Dr. (name as it appears on passport)

Legal Last Name _____ Legal First Name _____
Child age _____ (name as it appears on passport)

Legal Last Name _____ Legal First Name _____
Child age _____ (name as it appears on passport)

Legal Last Name _____ Legal First Name _____
Child age _____ (name as it appears on passport)

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail _____ Fax Number _____

FAMILY ROOM request (Quad: 2 adults/2 children) _____ Yes _____ No

FAMILY ROOM request (Quint: 2 adults/3 children) _____ Yes _____ No

TWO ROOM request _____ Yes _____ No

Every effort will be made to confirm adjoining/connecting rooms, however requests cannot be guaranteed.

\$250.00 fee for Non members of Beth Yeshurun applies _____ Yes _____ No

A COPY OF THE INFORMATION PAGES OF EACH PARTICIPANT'S PASSPORT (including children) IS REQUIRED AT TIME OF FINAL PAYMENT.

Frosch International Travel 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.

METHOD OF PAYMENT

_____ Paying by 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 **September 3, 2010**.

_____ Visa _____ Mastercard _____ American Express _____ Discover

Credit Card Number _____ Expiration Date _____

Name as it appears on card _____

Signature _____

***Signature required for credit card charges. Participant acknowledges and authorizes FROSCH to charge credit card.**

I have carefully read the tour brochure and agree to its contents, conditions and advisories. I have also been STRONGLY advised to purchase trip cancellation insurance (a trip cancellation insurance brochure will be included with your deposit receipt). If I decline the trip cancellation insurance, I understand all cancellation policies outlined in the brochure apply to me and my family with no exceptions.

Signature Required _____
Date _____

Please complete this form and send with a deposit of \$500.00 per person to:

Ms. Nancy Barr, Group Department (groups@frosch.com)
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Houston, TX 77046
713-590-8152-phone, 713-850-0027-fax