

Greetings or should I say Buongiorno!

Again I would like to offer our parishioners another opportunity to explore our faith as we celebrate a pilgrimage to Italy.

Come join us as we embark, not simply on a trip to Italy, but a spiritual pilgrimage exploring the holy sites in Rome and the Vatican. This pilgrimage to Italy includes not only Rome but such spiritual and inspirational sites such as San Giovanni Rotondo which is where we will find the tomb of St. Padre Pio. We will also have time to visit the cave of St. Michael the archangel where many Saints and Popes have prayed, and we will see The Volto Santo (the Holy Face) which one legend postulates as Veronica's veil.

We will also spend some time visiting one of the most frequently photographed spots in the world traveling along the Amalfi coast and visiting the historic ruins of Pompeii. Remember, a pilgrimage isn't simply celebrating prayer or daily Mass (which we will do in some of the most holy churches and cathedrals); it also takes into account the culture of the people. So we will have the opportunity to enjoy authentic Italian food, wonderful wine, and perhaps try some limoncello while enjoying the companionship of friendships old and new.

Come join us, on a pilgrimage you'll remember for many years to come.

Fr. Michael Ciski, T.O.R.

ST. MARIA GORETTI PARISH • November 8 – 16, 2017 • Enrollment Form - Tour Code: 9218

Please sign and send this enrollment form with your deposit plus insurance costs (see options below) to:
Peter's Way Tours, 500 North Broadway, Suite 221, Jericho NY 11753 • 800-225-7662 • 516-605-1551

Enrollment Deadline (Deposit due): **April 15, 2017**

Final Payment Deadline (Balance due): **July 30, 2017**

Please print your name exactly as it appears on your passport. Title: Mr Ms Mrs Rev Bro Sr Deacon Other _____

First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Country of Citizenship (if other than USA) _____ Date of Birth _____ M / F

Please check boxes that apply (Refer to Terms and Conditions for details about additional costs, such as optional Travel Insurance):

- I would like to purchase the all-inclusive travel package (includes round-trip airfare from Dallas Fort Worth Int'l Airport)
Full Package Price: \$3095.00 + \$150.00 (departure taxes & fuel surcharge) = \$3245.00
- I would like to purchase the "Land Only" package (Does not include airfare or airport transfers.) \$2095.00
- I would like a single room (If confirmed, a single supplement of \$750.00 will apply.)
- I prefer a roommate (for no additional cost) Roommate Name (If known): _____

Please select only one box (See Terms and Conditions for our Cancellation Policy and Travel Insurance details):

- I decline optional travel insurance. Enclosed is my deposit of \$350.00.
Insurance may be purchased up until the final payment deadline, however, pre-existing conditions will not be covered unless purchased at this time.
- I would like to purchase travel insurance. Enclosed is \$600.00 (\$350.00 deposit + \$250.00 insurance premium).
Pre-existing conditions are covered only when the insurance premium is submitted with your deposit. Insurance payments are non-refundable.
- I would like to purchase travel insurance plus the "Cancel For Any Reason" add-on. Enclosed is \$715.00.
(\$350.00 deposit + \$250.00 insurance premium + \$115.00 CFAR add-on) The Cancel For Any Reason (CFAR) Insurance add-on allows you to cancel up to 2 days prior to departure and receive reimbursement of up to 80% of the package price. CFAR must be purchased at the time of enrollment and cannot be offered to New York State residents as per state law.

I have read and I accept all Terms and Conditions as outlined on this brochure:

Signature*: _____ Date: _____

*Parent/Guardian signature is required for minors under 18 years of age.

Credit Card Authorization Form - Please check credit card of choice: VISA MC AMEX DISCOVER

All package pricing shown above reflects a cash discount. **If you would like to use a credit card as form of payment, there is a \$100.00 increase in your total package price and will be reflected on your invoice.** By completing this form, you agree to the \$100.00 increase in the package price and authorize Peter's Way Tours to initially charge \$350.00 deposit (or full balance if you are enrolling past the final payment deadline) plus the total insurance cost to your credit card.

Name on card: _____ Card Number _____ Exp. Date: _____

Billing Address: _____ Sec Code: _____

Participant Name(s): _____
(if different from cardholder)

ALL PRICING IS BASED ON A MINIMUM OF 30 PAYING PARTICIPANTS. IF THE GROUP DOES NOT REACH THIS NUMBER, THE PRICE OR PROGRAMMING MAY BE ADJUSTED ACCORDINGLY.