

10 DAYS
Italy/Rome Pilgrimage

JUNE 8-17, 2019

Spiritual Director: Fr. Michal Sajnog

\$3,995.00 Per Person

(Based on Double Occupancy)

Single Supplement Additional: \$550. Per Person

**\$500 Deposit
Due Now to Reserve your Seat!**



\$250 Refundable if canceled by February 1
Deposit Non-Refundable after February 1

FINAL PAYMENT: \$3495.00

DUE BY: FEB 1, 2019

Trip Includes:

- Roundtrip Bus transfer from MD to JFK (NY)
- Roundtrip Air from JFK to Rome via Alitalia airlines
- Four Star Hotels/Superior Tourist Class
- Deluxe Motor Coach Bus throughout the Trip
- Accompanying Tour Guide
- Local Tour Guides
- Breakfast and Dinner Daily
- All Entrance Fees
- Daily Mass

(Note: Tips are NOT included. Amount to be announced.)

Required forms needed:

- Signed Registration Form
- Three Copies of your Passport
- Signed Insurance/Waiver Form



The Bread of Life Center for Peace is a non-profit organization and Catholic lay ministry. We are excited to offer this pilgrimage to Rome & Italy and hope you are able to join us! Please keep this trip in your prayers moving forward. Feel free to contact us at: pilgrimage@breadoflifecenterforpeace.org or call Pat Cosey at: (301) 475-7139 for more information.

REGISTRATION FORM

For your convenience, you may pay by check, cash or credit card and Registration can be made several ways!

1. Mail Registration with check made payable to Bread of Life Center for Peace along with payment to: *Bread of Life Center for Peace*, PO Box 338, Leonardtown, MD 20650.
2. Email your registration form to: pilgrimage@breadoflifecenterforpeace.org and Deposit can be made over the phone by credit card at: (301) 475-7139.
3. Stop by Heavenly Presents at 22697 Washington Street, Leonardtown, MD to submit your Registration along with your payment.

Important: Personal information given on this form **MUST** match your passport. Your passport needs to be valid for the entire period of the pilgrimage. Three clear photocopies of your passport will be required when you submit this form.

Personal Details (Kindly Print Clearly)

(Use N/A if not applicable.)

Full Name as it appears on Passport: _____

Nickname: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Alt. #: _____ Home/Work? _____

Date of Birth: _____ Gender: _____ Citizenship: _____

Passport #: _____ Issue Date: _____ Expiration Date: _____

Issuing Authority: _____ Known Travel #: _____

TSA Pre Check Information: _____

Airport Mobility Assistance Y N Airline Meal Restrictions: _____

We will try to meet your preference, but cannot guarantee:

Seat Preference? _____ Request to sit next to (Name): _____

Visas

_____ I hold a U.S. passport and do not require a Visa _____ I require a Visa and will obtain one

Additional Information

Rooming With? _____ (If rooming with spouse do you prefer 1 bed or 2?) _____

_____ I would like to share a room, but need a roommate _____ I plan to pay additional \$550.00 for a Single Room

Hotel Dietary Restrictions: _____

Disabilities/Medical Needs: _____

Emergency Contact Name: _____ Relationship: _____

Cell Phone # _____ Alt. # _____

Full Address: _____

Are you a Eucharistic Minister, Lector or involved in Music Ministry? _____

Special Notes: _____

REGISTRATION TERMS AND CONDITIONS

LIABILITY DISCLAIMER: The Bread of Life Center for Peace – Heavenly Presents, Inc. (Bread of Life), Amicaban Travel and Tours and the tour operator of our choice hereby expressly disclaim any and all liability for any personal injury, property damage, loss of baggage, accident, delay or irregularity, any claim for special or consequential damages or any other loss which may be occasioned by the acts and/or omissions, whether negligent, wrongful or intentional of any air carrier, hotel/motel or other lodging operator, railroad operator, bus operator, public transportations, sea carriers, local sightseeing companies, tour operators, tour leaders or spiritual director(s), any employees thereof, or for any other entity or individual not under the direct supervision and control of the Bread of Life, Amicaban Travel and Tours and the tour operator of our choice when engaged in conveying the passenger or in carrying out the arrangements of the tour, or otherwise in connection therewith. The Bread of Life, Amicaban Travel and Tours and the operator of our choice further disclaim any liability for any damages, losses or expenses incurred, or inconvenience caused, due to delay or changes in schedules, defaults, over booking of hotels or airlines, sickness, weather, strikes, quarantines, acts of terrorism, construction, war, force majeure or other such events which are beyond the Bread of Life, Amicaban Travel & Tours control and the tour operators chosen to work with us. To the fullest extent permitted by law, the Bread of Life, Amicaban Travel and Tours and the tour operator of its choice disclaim any liability for any damages or injuries, or other losses whatsoever, sustained or incurred as a result of the negligence of Amicaban Travel and Tours and the tour operator the agency that chose to work with us. Group administrators, spiritual leaders and tour leaders likewise expressly disclaim any liability for the acts and/or omissions of any of the above entities and/or individuals not directly under their supervision or control. Please be advised that the liability of carriers as well as providers of hotel and lodging accommodations is limited by law and you may thus wish to consider purchasing the Passenger Travel Protection Plan and/or additional insurance to protect yourself against any losses or injuries suffered as a result of their acts and/or omissions. In no event shall the Bread of Life, Amicaban Travel and Tours liability exceed the amounts paid by you for participation in the tour, and subject to the provisions and cancellation fees as set forth by the all companies involve in this travel arrangement (airline, hotels, tour operators, bus company, etc). In the event that the tour leader and/or spiritual director named in the flyer or itinerary does not travel with the group and a substitute is not named therein, the Bread of Life, Amicaban Travel and Tours and the tour operator of our choice reserve the right to make substitutions of its choosing for such person(s).

CANCELLATION/CHANGE PENALTIES

Please note that any change or cancellation once you have signed up are subject to penalty and may be non-refundable. Therefore, if you need to change your travel plans in any way or cancel your trip for any reason, please contact Pat Copsey right away. Changes or cancellations **MUST** be made through Pat, so that she can process the necessary arrangements properly on the group's behalf. Your cancellation, if not managed correctly, can affect the actual booking of the rest of the passengers in the group. Failure to follow up through Pat could cause confusion and result in the need to rebook the entire trip. Therefore, you can be held financially responsible for any fees or penalties, if any are applied. (Note: Please consider Travel Insurance options.)

By submitting my Registration Form to *Bread of Life Center for Peace* and *Amicaban Travel & Tours*, I agree to all the Terms and Conditions.

Name (Please Print): _____

Signature: _____ Date: _____

(Must be 18 or over)

TRAVEL INSURANCE

At an additional cost, group travel and medical insurance is available for your trip protection through TRAVEL GUARD. By purchasing an insurance plan, you will be protecting not only your well-being, but also your financial investment for your trip, along with receiving all the other coverages provided. If you are interested in purchasing insurance, please email your contact information including your birthdate, phone number and the amount you want to insure to Katrina Oteyza, Amicaban Travel & Tours at: koteyza@hotmail.com. Katrina will be able to provide different options for your consideration and will process your insurance request. It is your responsibility to make sure you are clear about the coverage available before purchase, so be sure to ask any questions you may have regarding coverage. Contact TRAVEL GUARD directly at: (800) 826-4949 if you have an Insurance claim or if you have additional coverage questions that Katrina was not able to answer.

Note: Procurement of Travel Insurance Coverage is time sensitive, be sure to purchase your Travel Plan within 15 Days of making your Trip Deposit.

_____ Yes, I plan to purchase Travel Guard Insurance and will contact Katrina to select the plan best for my needs.

_____ *No, I am not purchasing a Travel Guard Plan

_____ *I decline to purchase Travel Insurance at this time. However, I may choose to purchase it at a later date if it is still available or within the 15 day period.

* I, (please print name) _____ the undersigned will not hold Bread of Life Center for Peace or Amicaban Travel & Tours responsible for any expenses incurred as a result of my decision not to purchase travel insurance.

Signature: _____ **Date:** _____
(Must be 18 or over)

Birthdate (Only needed if you opted to purchase a travel plan): _____

Total Amount to be insured: _____ \$3995.00

_____ \$ Additional only needed if coming coming from out of town.