

Enrollment Form • Christ the King Parish • September 10-18, 2024 • Tour Code: 1170

Entry Requirements: It is the passengers responsibility to make sure they meet all requirements for the country they are traveling to. Requirements can be found by visiting the country's embassy website. Please note that requirements may change after you enroll on this tour. The Terms & Conditions apply regardless of unexpected changes to travel requirements or health advisories.

Enrollment Deadline: May 1, 2024
(\$500 non-refundable deposit due)

Final Payment Deadline: June 5, 2024
(Non-refundable balance due)

PARTICIPANT INFORMATION (See Traveler Health Advisory section under Terms and Conditions to determine if your health status will affect your ability to participate in this tour.)

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 _____ Mobile/Cell _____ Email _____

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

TOUR COST AND PREFERRED METHOD OF PAYMENT (Please select one.)

All-Inclusive Package Pricing (Includes round-trip airfare from New York)

- I am submitting all payments by check to receive the cash discounted package price of **\$2,545.00** per person, sharing a twin room
- I am paying with a credit or debit card. The all-inclusive package price is **\$2,645.00** per person, sharing a twin room

ROOM ASSIGNMENTS (Standard hotel rooms provide two twin beds. Married couples may request a double bed. Single rooms are subject to confirmation. Please select one below.)

- I have a traveling companion and would like to room with (name): _____
- My spouse and I are requesting a double bed (Rooms with double beds are limited and are subject to confirmation.)
- I am requesting a roommate. I understand a single room may be assigned (plus an additional **\$395.00**) if a roommate is not available.
- I am requesting a single room. Single rooms are limited. If confirmed a single supplement of **\$395.00** will apply to total tour cost.

DEPOSIT AND OPTIONAL TRAVEL INSURANCE (Please select one. See Terms & Conditions for Peter's Way Tours' cancellation policy and travel insurance details.)

All tour deposits and insurance payments are non-refundable. Insurance may be purchased up until the final payment deadline. However, pre-existing conditions are covered ONLY when the insurance premium is paid with the tour deposit.

- Enclosed is my **\$500 non-refundable deposit**. I am declining optional travel protection.
- Enclosed is **\$728 (\$500 deposit + \$228 travel protection premium)** I am purchasing travel protection. View the plan terms and conditions by visiting:
<https://www.petersway.com/docs/PetersWayProtectionPlan.pdf>

*Insurance premiums are based on your total tour costs (see Terms & Conditions). Premium adjustments may appear on your final invoice.

CREDIT/DEBIT CARD AUTHORIZATION (Please select one.) VISA MasterCard American Express Discover

By completing this credit card authorization section, you authorize Peter's Way Tours to initially charge the tour deposit (or full balance if you are enrolling past the final payment deadline) plus the total insurance cost to your credit/debit card.

I acknowledge that by enrolling with a credit card, I am not eligible for the cash/check discounted price, even if I choose to submit subsequent payments by check.

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

Billing Address: _____ City: _____ State: _____ Zip: _____

Participant Name(s): _____, _____, _____

If the amount to be charged applies to more than one participant, please specify additional names.

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

Signature _____ Date _____

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

Please sign and submit **one completed enrollment form per person** (with your deposit plus optional travel protection costs).
Mail: Peter's Way Tours • 425 Broadhollow Road, Suite 204 • Melville NY 11747 | **Fax:** 516-605-1555 | **Email:** peter@petersway.com

All package pricing is based on a minimum of 35 paying participants. If the group does not reach this number, price or programming may be adjusted. Your group leader is solely responsible for any adjustments to package pricing, itinerary, and inclusions. They act on behalf of the group to modify travel plans as needed.