

Enrollment Form • Corpus Christi Parish and Choir • June 17-26, 2024

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 embassy website of the country. Please note that requirements, including COVID-related travel restrictions, may change after you enroll on this tour. The Terms & Conditions apply regardless of unexpected changes to travel requirements or health advisories

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 COSTS AND PREFERRED METHOD OF PAYMENT (Please select one.)

All-Inclusive Package Pricing (Includes round-trip airfare from San Francisco)

- I am submitting all payments by check to receive the cash discounted package price of **\$4,695.00** per person, sharing a twin room
 I am paying with a credit or debit card. The all-inclusive package price is **\$4,895.00** per person, sharing a twin room

Land Only Package Pricing (Does not include airfare or airport transfers)

- I am submitting all payments by check to receive the cash discounted package price of **\$3,295.00** per person, sharing a twin room
 I am paying with a credit or debit card. The Land Only package price is **\$3,445.00** 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(s) and would like to room with (name/s): _____
 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 **\$995.00**) if a roommate is not available.
 I am requesting a single room. Single rooms are limited. If confirmed a single supplement of **\$995.00** 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. The "Cancel For Any Reason" upgrade may only be purchased at the time of enrollment with your deposit.

- Enclosed is my **\$500 non-refundable deposit**. I am declining optional travel protection.
 Enclosed is **\$828 (\$500 deposit + \$328 travel protection premium)** I am purchasing travel protection. View the plan terms and conditions by visiting: <https://www.petersway.com/docs/PetersWayProtectionPlan.pdf>
 Enclosed is **\$991 (\$500 deposit + \$491 travel protection premium which includes CFAR add-on)** I am purchasing travel insurance plus the CFAR add-on. The Cancel For Any Reason (CFAR) insurance add-on allows you to cancel up to 2 days prior to departure for reimbursement of up to 80% of the package price. CFAR must be purchased at the time of enrollment. CFAR cannot be offered to New York State residents as per state law. We strongly recommend purchasing Cancel For Any Reason coverage in order to protect your investment in this tour package. Please read all details very carefully under **DISCLAIMER OF RESPONSIBILITY and TRAVEL INSURANCE** in our Terms and Conditions. This upgrade can **ONLY** be purchased at time of enrollment.

**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.