

# ENROLLMENT FORM - Passion Play & Reformation Pilgrimage

Reservation Code: 8177-07/2010

9 days, July 31, 2010 to August 8, 2010

Unexpected circumstances might require alteration of the published itinerary and pilgrimage details

**\$3,550.00 + \$300.00\* Departure taxes & fuel surcharges, per person, double occupancy.**

*\*Estimated departure taxes & fuel surcharges subject to change 30 days prior to departure.*

**Single supplement: \$645.00, Optional trip insurance: \$199.00.** The optional comprehensive Passenger Travel Protection Insurance Policy provides coverage for pre-existing conditions if your non-refundable insurance payment is included with your deposit or paid within 10 days after receiving your first invoice.

**Use a separate form for each person. Print all information clearly and carefully.**

Last Name: \_\_\_\_\_  
(As appears on passport)

First Name: \_\_\_\_\_  
(As appears on passport)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone, Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

E-mail: \_\_\_\_\_

Roommate: \_\_\_\_\_

(Spouse or preference, if paying single supplement indicate "N/A")

**U.S. CITIZEN: (YES) (NO) If "NO", Country of Citizenship:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**PASSPORT #:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**Important! Your Passport expiration date must be after February 10th, 2011**

Place of Issue: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

(Authority / Issued by)

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Phone, Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Nickname for Name Badge: \_\_\_\_\_

Special Dietary Needs/Allergies: \_\_\_\_\_

• Full Journey @ \$3,550.00 + estimated taxes & fuel surcharges @ \$300.00:(Estimated total \$3850.00):... (Yes\_/No\_\_)

• Single room supplement @ \$645.00, Single rooms are not available in Oberammergau: ..... (Yes\_/No\_\_)

• I request a non-smoking room ..... (Yes\_/No\_\_)

**The following options require special handling, and a written request. Please have Peter's Way contact me:**

- Land portion only .....(Yes\_/No\_\_)

- Air upgrades .....(Yes\_/No\_\_)

- Itinerary changes, .....(Yes\_/No\_\_)

**Make deposit/insurance check payable to: Peter's Way Tours Inc.**

**Send or deliver this completed form with your deposit to: Vienna Presbyterian Church, Attn: Passion Play. 124 Park Street, NE, Vienna, VA 22180**

**Deposit Deadline: July 6, 2009, Final Payment Deadline: April 15, 2010**

**Deposit @ 800.00:** .....\$ 800.00

**Peter's Way Travel Insurance @ \$199.00: (Yes\_/No\_\_)** ..... \$ \_\_\_\_\_

**Total initial payment** .....(Either \$800.00 or \$999.00 per person.....)\$ \_\_\_\_\_

**Enclosed is a check or money order in the amount of \$ \_\_\_\_\_ as deposit, and insurance if applicable, for myself and the following listed person(s) whose enrollment form is attached:**

1. \_\_\_\_\_, 2. \_\_\_\_\_, 3. \_\_\_\_\_

**I have read and understand all terms and conditions as noted in the *Passion Play and Reformation Pilgrimage* itinerary brochure.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ 2009