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# Fatima Peace Pilgrimage 2020

## PROGRAM INFORMATION

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### DATES, COSTS, AND DEADLINES

We depart on WEDNESDAY, 15 JULY 2020.

We return on TUESDAY, 28 JULY 2020.

Our point of departure and return is NEWARK (EWR).

*We will arrange connecting flights, at your request, between the airport of your choice and our point of departure.*

*Costs for connecting flights vary.<sup>†</sup>*

The PROGRAM COST per person is \$2,990.<sup>†</sup>

*Cost includes roundtrip airfare between Newark (EWR) and Lisbon (LIS), accommodations, meals, and published side trips.*

There is a minimum NON-REFUNDABLE DEPOSIT OF \$300.00 due by MONDAY, 6 APRIL 2020.

*We strongly encourage you to submit your deposit early, as availability is limited.*

Your FINAL PAYMENT will be due by FRIDAY, 15 MAY 2020.

<p><sup>†</sup>ADDITIONAL TAXES may apply to the program price and to connecting flights we arrange. We will notify you in a timely manner if additional taxes are necessary.</p>
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### REGISTRATION FORM

Complete the REGISTRATION FORM in its ENTIRETY. Submitting an incomplete form does not guarantee your reservation.

*We are happy to answer questions you may have and assist you with completing the registration form.*

### TRAVEL INSURANCE REQUIREMENT

EACH PERSON, without exception, who participates in this program package, either in whole or in part, is REQUIRED to have a travel insurance policy. Your travel insurance policy MUST, at minimum, provide TRIP CANCELLATION COVERAGE. Additionally, we recommend a travel insurance policy which covers MEDICAL AND EMERGENCY EVACUATION. Some travel insurance policies exclude preexisting medical conditions or limit the time period in which a waiver can be obtained. MEDICARE DOES NOT PROVIDE COVERAGE for hospital or medical costs outside of the UNITED STATES OF AMERICA. Consult your private medical insurance company to determine how your policy covers you while traveling outside of your home country. The US Travel Insurance Association (USTIA) provides helpful advice on choosing travel insurance on their website, [www.ustia.org](http://www.ustia.org).

Your travel insurance policy must CONTIGUOUSLY cover the day of WEDNESDAY, 15 JULY 2020, through the day of TUESDAY, 28 JULY 2020, inclusively. If your connecting flights begin or end on days prior to or extend beyond the program dates, your travel insurance policy must include those days as well. If you must cancel at the last minute, please call the airline, obtain a CANCELLATION NUMBER, and notify Billie Mobley by calling (336) 978-6305.

## **TRAVEL DOCUMENTS**

You are required to submit **TWO (2) LEGIBLE PHOTOCOPIES**, preferably in color, of the informational page (inside front cover with photo) of your **PASSPORT**. Carefully review the following information to determine if your passport is considered valid, if you need additional documents, or both.

### **For persons issued a passport by the Department of State of the UNITED STATES OF AMERICA:**

- If your passport expires before **FRIDAY, 15 JANUARY 2021**, you must **RENEW** your passport now. {The KINGDOM OF SPAIN considers a passport invalid if it expires six (6) months beyond the day of your departure from the UNITED STATES OF AMERICA.}
- If you are applying for a passport or a renewal request, please submit your Registration Form **NOW**, noting when your application or renewal request was made. When you receive your passport, contact us as soon as possible with your passport ID number and Place of Issue and send two (2) copies per the instructions above.

### **For persons issued a passport by another country or territorial authority:**

- You will be traveling within three (3) international jurisdictions: the PORTUGUESE REPUBLIC (Portugal), the KINGDOM OF SPAIN (Spain), and the EUROPEAN UNION (EU).
- You **MUST CONTACT** the passport issuing agency of your country or territorial authority to determine if you must obtain a TRAVEL VISA for any or all three (3) international jurisdictions. It is your responsibility to obtain all necessary visas, permissions, and documents.
- You **MUST OBTAIN** from your issuing country or territorial authority all visas, permits, and documents necessary to exit and reenter, the UNITED STATES OF AMERICA.
- You are required to submit **TWO (2) LEGIBLE PHOTOCOPIES**, preferably in color, of each visa, permit, and document you obtain.

## **SUBMISSION INSTRUCTIONS**

The following documents must be submitted before **MONDAY, 6 APRIL 2020**:

- Your Registration Form (be sure to SIGN and DATE it)
- Two (2) photocopies of your passport per the instructions above
- Two (2) photocopies of additional travel documents, if applicable
- Your NON-REFUNDABLE DEPOSIT of **\$300.00** in the form of a personal check, bank check, or money order payable to: **TE DEUM FOUNDATION – FATIMA PEACE PILGRIMAGE**.

Submit these documents to:

CAROL STEFANEC  
10001 DULANEY COURT  
RICHMOND, VA 23233

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Thank you for reserving your place on this year's Fatima Peace Pilgrimage!

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# Fatima Peace Pilgrimage 2020

## REGISTRATION FORM

15 July – 28 July



### DEMOGRAPHICS

Title (*check one*):  Mr.  Mrs.  Ms.  Miss  Fr.  Dc.  Br.  Sr. Other (*please specify*): \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name or Initial

\_\_\_\_\_  
Address City State Postal Code

\_\_\_\_\_  
Preferred Phone Alternate Phone E-mail

\_\_\_\_\_  
TSA Pre✓® Number Global Entry Number Other U.S. Travel Program

*For clergy and religious...*

\_\_\_\_\_  
(Arch)diocese Religious Order Assignment

*For seminarians...*

\_\_\_\_\_  
Sponsoring (Arch)diocese Sponsoring Religious Order Director of Vocations – Name

\_\_\_\_\_  
Seminary Last completed year of formation Director of Vocations – Phone

### PASSPORT INFORMATION

Issuer (*check one*):  United States of America  Canada  Mexico Other (*please specify*): \_\_\_\_\_

\_\_\_\_\_  
Name (Printed EXACTLY as it appears in your passport) Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Identification Number Place of Issue Expiration Date

### EMERGENCY CONTACT

\_\_\_\_\_  
Last Name First Name Middle Name or Initial

\_\_\_\_\_  
Address City State Postal Code

\_\_\_\_\_  
Preferred Phone Alternate Phone Relationship

Complete Page 2

