
Fatima Peace Pilgrimage 2023

PROGRAM INFORMATION



DEPARTS

WEDNESDAY – 19 JULY
Newark (EWR)

RETURNS

TUESDAY – 01 AUGUST
Newark (EWR)

COST PER PERSON: \$2,900[†]

Program cost includes roundtrip airfare between Newark (EWR) and Lisbon (LIS), accommodations, meals, and excursions.

Travel between your local airport and Newark (EWR) can be arranged. Costs will vary.[†]

NON-REFUNDABLE DEPOSIT: \$300

Deadline: Tuesday, 30 May

You are encouraged to submit your deposit early, as availability is limited.

Balance Due: Monday, 05 June

[†]ADDITIONAL TAXES *may apply. You will be notified in a timely manner if any additional taxes are necessary.*

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 REQUIREMENTS

EACH PERSON, without exception, who participates in the Fatima Peace Pilgrimage, either in whole or in part, must have a travel insurance policy that includes, at minimum, TRIP CANCELLATION COVERAGE. This coverage must provide financial reimbursement for trip cancellation, interruption, and delay. Your travel insurance policy must cover the day of **WEDNESDAY, 19 JULY 2023**, through the day of **TUESDAY, 01 AUGUST 2023**, inclusively and without interruption. If you travel by air to and from Newark (EWR) and your flights begin or end on days prior to or extend beyond the program dates, your travel insurance policy must cover those days as well.

TRAVEL INSURANCE RECOMMENDATIONS

Adding the following coverage to your travel insurance policy is recommended.^{††}

MEDICAL INSURANCE AND EVACUATION covers you in case you become ill or are injured while traveling. Most policies provide around-the-clock assistance to help find doctors, help arrange accommodations, contact your family, or other assistance in emergency situations. Original Medicare (Parts A & B) does not cover medical or hospital 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. Be aware that some travel insurance policies exclude preexisting medical conditions or limit the time period in which a waiver can be obtained.

COMPREHENSIVE TRAVEL INSURANCE, sometimes called CANCEL FOR ANY REASON (CFAR), allows you to cancel your travel, up to 48 hours before departure, for any reason that is not otherwise covered by a standard trip cancellation policy. The full cost of all non-refundable, prepaid trip arrangements is insured at the time of purchase. Most policies require you to purchase this coverage within 15 days of the initial trip deposit.

BAGGAGE INSURANCE coverage offers luggage tracking, covers expenses related to delayed baggage, covers the cost of lost baggage or stolen belongings, and can help replace lost or stolen travel documents.

TRAVEL CANCELLATION

If you cancel your participation in this program, please call the airline, obtain a cancellation number, and notify the Fatima Peace Pilgrimage coordinator by calling (336) 978-6305.

^{††}Information provided by the U.S. Travel Insurance Association (USTIA). Helpful advice on choosing travel insurance is available on their website www.ustia.org.

TRAVEL DOCUMENTS

Carefully review the following information, even if your travel documents have not expired, to determine if they are considered valid, if you need additional documentation, or both.

FOR PERSONS ISSUED A PASSPORT BY THE DEPARTMENT OF STATE FOR THE UNITED STATES OF AMERICA

Some member states of the EUROPEAN UNION consider a passport invalid if it expires six (6) months beyond the day of your departure from THE UNITED STATES OF AMERICA.

- If your passport expires **after** FRIDAY, 19 JANUARY 2024:
 - Submit **two (2) legible photocopies**, preferably in color, of the informational page (inside front cover with photo) of your passport with the Registration Form.
- If your passport expires **before** FRIDAY, 19 JANUARY 2024 or if you **do not have a passport**:
 - **Renew** your passport or **apply** for a new passport **now**. Instructions can be found at travel.state.gov.
 - Enter the **date** you submitted your renewal or application in the PASSPORT INFORMATION section of the Registration Form.
 - Submit the Registration Form **now**.
 - When you receive your passport:
 - Contact the Fatima Peace Pilgrimage coordinator at (336) 978-6305 with your passport ID number and Place of Issue.
 - Submit **two (2) legible photocopies**, preferably in color, of the informational page (inside front cover with photo) of your passport.

FOR PERSONS ISSUED A PASSPORT BY ANOTHER COUNTRY, KINGDOM, TERRITORIAL AUTHORITY, OR EQUIVALENT

Including THE UNITED STATES OF AMERICA, you will be traveling within three (3) international jurisdictions: THE PORTUGUESE REPUBLIC (Portugal), and THE EUROPEAN UNION. Each jurisdiction bases its entry requirements on the nationality of the **passport bearer**.

- Obtain, in print, from your passport authority an official statement containing:
 - the **passport requirements** needed to **enter** and **exit** each of the three (3) international jurisdictions and
 - the **visa** and **any other travel documentation requirements** needed to participate in all the events, side trips, and travel during the pilgrimage.
- If you **are** in compliance with all passport, visas, and travel documents:
 - submit **two (2) legible photocopies** of the **official statement** from your passport authority and
 - submit **two (2) legible photocopies**, preferably in color, of your **travel documents** that demonstrate your compliance.
- If you **are not** in compliance with all passport, visas, and travel documents:
 - Submit **two (2) legible photocopies** of the **official statement** from your passport authority.
 - **Indicate** which item or items **are not** in compliance.
 - **Renew** or **apply** for the non-compliant documents.
 - Enter the **date** you submitted your renewal or application in the PASSPORT INFORMATION section of the Registration Form.
 - Submit **two (2) legible photocopies** of compliant documents.
 - Submit the Registration Form **now**.
 - When you receive your documents:
 - Contact the Fatima Peace Pilgrimage coordinator at (336) 978-6305 with your updated information.
 - Submit **two (2) legible photocopies** of your updated information.

SUBMISSION INSTRUCTIONS

The following documents **MUST BE SUBMITTED BEFORE THURSDAY, 04 MAY**:

Your Registration Form (SIGNED and DATED)

Your NON-REFUNDABLE DEPOSIT of **\$300.00**

by personal check, bank check, or money order made payable to:

TE DEUM FOUNDATION, FATIMA PEACE PILGRIMAGE

Two (2) photocopies of your passport *per the instructions above*

Two (2) photocopies of additional travel documents, *if applicable*

Mail these documents and non-refundable deposit to:

The Te Deum Foundation – Fatima Peace Pilgrimage
2767 London Lane
Winston-Salem, NC 27103

THANK YOU FOR RESERVING YOUR PLACE ON THIS YEAR'S FATIMA PEACE PILGRIMAGE!

Fatima Peace Pilgrimage 2023

REGISTRATION FORM



DEPARTS

WEDNESDAY – 19 JULY

Newark (EWR)

RETURNS

TUESDAY – 01 AUGUST

Newark (EWR)

DEMOGRAPHIC INFORMATION

Title: Mr. Mrs. Dr. Ab. Abs. Rev. Mr. Rev. Fr. Very Rev. Other: _____
 Ms. Miss Prof. Br. Sr. Rev. Dr. Rev. Msgr. Most Rev.

Last Name First Name Middle Name or Initial

Address City State Postal Code

Preferred Phone Home Cell Work Alternate Phone Home Cell Work E-mail

Clergy and Religious

Archdiocese Diocese Religious Order Assignment

Seminarians

Sponsoring Archdiocese Diocese Director of Vocations – Name Seminary

Sponsoring Religious Order Director of Vocations – Phone

Last Full Year of Formation

Pre-Theology 1 2 3 4 Pastoral Year Theology 1 2 3 4

PASSPORT INFORMATION

Issuing Authority: United States of America 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

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

EMERGENCY CONTACT

Last Name First Name Relationship

Address City State Postal Code

Preferred Phone Home Cell Work Alternate Phone Home Cell Work E-mail

MEDICAL INFORMATION

If you fall ill while traveling, we may need to provide medical personnel with important information on your behalf. Please describe any medical conditions, allergies, physical limitations, and medications you take.

CONDITIONS, ALLERGIES, PHYSICAL LIMITATIONS, ADDITIONAL INFORMATION		MEDICATIONS
_____		_____
_____		_____
_____		_____
Medical Insurance Provider	Policy Number	Provider Phone

TRAVEL INSURANCE

Issuer	Policy Number	Phone
--------	---------------	-------

ROOMING AND TRAVELING PREFERENCES

DOUBLE OCCUPANCY IS PREFERRED. There are, however, a LIMITED NUMBER of single rooms available for an **ADDITIONAL \$35/NIGHT**.

Would you prefer a single room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like us to arrange your domestic air travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Your preferred airport:	_____
Do you need a handicap accessible room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	I prefer to room with:	_____

SECURITY

You will be given a nametag at the beginning of the pilgrimage. Wearing your nametag helps you and your fellow pilgrims to become acquainted with each other. Additionally, your nametag is a security measure. It identifies you as a member of the Fatima Peace Pilgrimage to our guides, drivers, and assistants. For your safety, please wear your nametag when requested.

What name do you prefer we use on your nametag? _____

PRIVACY

Many participants express a desire to keep in touch with each other after the pilgrimage has concluded. To help facilitate the exchange of information, we will offer you and your fellow pilgrims a list of this year's participants in the Fatima Peace Pilgrimage. The information we provided is limited to the pilgrim's name, address, phone number, and e-mail address.

May we include your information on the list we offer? Yes No

WAIVER OF LIMITED LIABILITY

- The Te Deum Foundation, Inc. and its representatives act solely as agents for the participant with respect to the hotel, transportation (whether by air, rail, limousine, or motor coach), sightseeing, and other services and, as such, hold themselves free of liability for any injury, delay, or damage from any cause whatsoever. Further, The Te Deum Foundation, Inc. and its representatives accept no responsibility whatsoever for losses, injury, damages, or delays to persons, property, or otherwise; occasioned directly or indirectly by acts of God, dangers, incidents regarding the sea, fire, sickness, strikes, war, quarantine, weather, or any other acts beyond their control.
- The Te Deum Foundation, Inc. and its representatives reserve the right to refuse to retain on the pilgrimage any person whose health or general deportment impede the operations of the pilgrimage or are detrimental to other participants.
- Baggage (luggage) is carried at the owner's risk. Baggage insurance is available through your travel insurance provider.
- In the event of cancellation, a refund from the airline is at their discretion, but the land portion is non-refundable.
- The Te Deum Foundation, Inc. reserves the right to cancel the pilgrimage prior to departure due to lack of participation.
- The right is reserved to substitute similar hotel accommodations or domestic air arrangements and to adjust the itinerary.
- Any changes made to airline tickets after issuance (45 days prior) will result in a \$300.00 penalty.
- Taxes are subject to change.

By my signature below, I agree to the terms of this Waiver of Limited Liability.

Signature

Date

Enclosed is my deposit in the amount of: _____