Fatima Peace Pilgrimage 2027

PROGRAM INFORMATION

DATES, COSTS, AND DEADLINES

Our point of departure and return is **Charlotte** (CLT).
We depart on **WEDNESDAY, 14JULY 2027**.
We return on **TUESDAY, 27JULY 2027**.

We are happy to arrange connecting flights between your airport of choice and our point of departure. Costs for connecting flights vary.*

The **PROGRAM COST** per person is **$5,000**.*
This includes accommodations, meals, side trips, and airfare from Charlotte.

There is a minimum **NON-REFUNDABLE DEPOSIT OF $500.00** due by **April 1, 2026**. We strongly encourage you to submit your deposit earlier as availability is limited. Half payment is due **May 1, 2027**. Your FINAL PAYMENT will be due by **June 1, 2027**.

*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.

REGISTRATION FORM

Complete the following **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 any difficulties you may encounter while completing the registration form.

TRAVEL INSURANCE REQUIREMENT

EACH PERSON who participates, whole or in part, without exception, in the program package is **REQUIRED** to have travel insurance. The travel insurance policy must **CONTIGUOUSLY** cover the day of **15 JULY 2026**, through the day of **29 JULY 2026**. If your connecting flights begin or end on days prior to or extend beyond the program dates, your policy must include those days as well. We **REQUIRE** all policies to provide, at minimum, Trip Cancellation Coverage. We recommend policies that also cover Travel Medical and Emergency Medical Evacuation. Some travel insurance policies exclude preexisting medical conditions or limit the time period in which a waiver can be obtained.

The US Travel Insurance Association (UStiA) provides helpful advice on choosing travel insurance on their website ustia.org. Consult your medical insurance company to determine how your policy covers you while traveling within the European Union. **MEDICARE DOES NOT PROVIDE** coverage for hospital or medical costs outside of the United States of America.

If you must cancel at the last minute, please call the airline, obtain a **CANCELLATION NUMBER**, and notify Kathleen Harrison at (980) 355-8762.

TRAVEL DOCUMENTS

You will be required to submit **TWO (2) LEGIBLE PHOTOCOPIES**, **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 and if you need additional documents.

For persons issued a passport by the Department of State of the United States of America:

- If your passport expires before **1 JANUARY 2027**
- , 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, we request you 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 need to obtain a **TRAVEL VISA**. You may need travel visas for **EACH** of the three international jurisdictions. It is **YOUR RESPONSIBILITY** to obtain all necessary visas, permissions, and documents.
- You **MUST OBTAIN** from the issuing country or territorial authority all visas, permits, and documents necessary to exit from, travel within, and reentry into, the United States of America.
- You will be 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 **1 APRIL 2027**

- Your Registration Form (be sure to **SIGN** and **DATE** it)
- Two (2) photocopies of your passport per the instructions above
- Additional travel documents if applicable
- Your NON-REFUNDABLE DEPOSIT of **$500.00** in the form of a personal check, bank check, or Postal money order payable to: **TE DEUM FOUNDATION – FATIMA PEACE PILGRIMAGE**.

Mail the above documents to:

Kathleen Harrison
1345 Trotter Circle
Mt. Pleasant, NC 28124

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

Fatima Peace Pilgrimage
2027

REGISTRATION FORM

DEMOGRAPHICS

Title (*circle one*): Mr. Mrs. Ms. Miss Fr. Dc. Br. Sr. Other (*please specify*): _____

Name (*last, first, middle 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

Citizenship (*circle one*): United States of America Canada Mexico Other (*please specify*): _____

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

Identification Number | Place of Issue | Expiration Date

EMERGENCY CONTACT

Name (*last, first, middle initial*)

Address | City | State | Postal Code

Preferred Phone | Alternate Phone | Relationship

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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 or allergies you have and medications you take.

CONDITIONS, ALLERGIES, OR PHYSICAL LIMITATIONS	MEDICATIONS

Insurance Provider _____ Policy Number _____ Provider Phone _____

Travel Insurance

Company _____ Policy Number _____ Phone _____

Rooming and Traveling Preferences

Double occupancy is preferred. There are, however, a limited number of single rooms available for an additional $35.00 per night.

Would you prefer a single room? Yes No

Do you smoke? Yes No

Do you need a handicap accessible room? Yes No

Will you be flying from Charlotte? Yes No

If not flying from Charlotte, what is your preferred airport? _____

I prefer to room with: _____

Fellow Pilgrims

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

During the pilgrimage, we offer a list of your fellow pilgrims.

The information is limited to name, address, phone, and e-mail. May we include your information? Yes No

Waiver of Limited Liability

The Te Deum Foundation, Inc. and/or their agents or representatives act only as agents for the passenger 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/or their agents accept(s) no responsibility whatsoever for losses, injury, damages, or delays to persons, property, or otherwise; occasioned directly or indirectly by acts of God, dangers, incidents to the sea, fire, sickness, strikes, war, quarantine, weather or any other acts beyond their control. The right is reserved to refuse to retain on the package trip any passenger should such a person's health or general deportment impede the operation of the tour to the detriment of other passengers. Baggage is carried at the owner's risk, and 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 nonrefundable. The Te Deum Foundation, Inc. reserves the right to cancel tours prior to departure due to lack of participation. If a tour is cancelled for this reason, payments made will be refunded. The right is reserved to substitute similar hotel accommodations or domestic air arrangements and make adjustments to the tour program.

Any changes made to airline tickets after issuance (45 days prior) will result in a $300.00 penalty. Taxes are subject to change.

I agree to the terms of the above waiver and have enclosed my non-refundable deposit of $_____.

Signature _____ Date _____