

Pilgrimage to MEDJUGORJE (PPM), via, ROME, Italy, with Bob and Anita Rice of In His Omnipotent Presence (IHOP) Ministries

Pilgrimage Coordinator:
Kathleen Werner, RN, ACT

Priest Spiritual Director:
Father Michael Culkin

Dates and Package Price:
October 10 to 22, 2004
from EWR, for \$2,299 plus
\$130 to cover airport taxes.

INCLUDED:

- Round trip air from EWR on **Alitalia** to FCO and **Alitalia / Croatia Air** from FCO to SPU.
- All Breakfasts and Suppers.
- Comfortable escorted or guided motor coach transfers **Split** to and from **Medjugorje** as well in **Italy**.
- Private Home / Pansion (**Medjugorje**) and 3-4 Star Hotel (**Italy**) (double occupancy). Single Supplement is \$399.
- **PFMC** coordinated spiritual program with daily Holy Mass, Rosary and Prayer/Song.
- English speaking escort in **Italy** with local guide **Medjugorje**.
- Guided Bus and walking tours of **Rome** and **Vatican City** including the **Sistine Chapel**.

NOT INCLUDED:

- All airport taxes, **US** and **Foreign**
- Cost of personal items, i.e., room service, telephone calls, lunches/snacks, alcoholic beverages, dry cleaning / laundry, etc.
- Gratuities to bus drivers, guides, etc.
 (Plan about \$200 per person in U.S. \$)

Depart **Sunday, October 10th 2004** from Newark, NJ (EWR) arriving in **Rome, Italy (FCO)**, on **Monday, October 11th 2004**. Transfer to motor coach for a part day visit to sites outside of the walls of **Rome** prior to **2 nights** at the **StarHotels Michelangelo** near the **Vatican**. Breakfasts and suppers are included in **Rome**. Tour **Christian Rome** including 4 major basilicas. Attend a General Audience with the Holy Father on **Wednesday, October 13th 2004**, and fly to **Split, Croatia (SPU)**. Then motor coach transfer to **Medjugorje, Bosnia-Hercegovina (B-H)**. On arrival at a private home in **Medjugorje**, about a block from **Saint James Church**, late on **Wednesday, October 13th 2004**, pilgrims will be met by members of the host family and shown their rooms. Each room, double occupancy, is simple but comfortable with a private bathroom. The private dining room accommodates pilgrims for family style breakfasts and suppers.

Medjugorje brings with it many experiences in **Our Lady's** arms, moments for prayer, Adoration of the Blessed Sacrament, talks by visionaries and priests, Apparition Hill (**Podbrdo**) and Cross Mountain (**Krizevac**) to climb. There are many places to enjoy quiet talks or to sit and pray.. The **7 days** will consist of morning **English** and evening **Croatian** Holy Mass, with Confessions available every afternoon, visits to the visionaries present in **Medjugorje**, and presence at any apparitions where we are allowed. We will also visit the **Oasis of Peace**, and the **Cennacolo** communities. Veneration of the Cross is scheduled on **Friday**. Adoration with Benediction of the Blessed Sacrament is scheduled on **Saturday**.

On **Wednesday, October 20th 2003**, depart **Medjugorje, B-H**, on a motor coach trip across the mountains into **Croatia** and along the **Adriatic Sea** to **Split**. Fly from **SPU** to **FCO** for **2 nights** at the **Michelangelo Hotel** near the **Vatican** with guided tours of the **Vatican Museum, Sistine Chapel, and Saint Peter's Basilica**.

On **Friday, October 22nd 2003**, pilgrims leave **FCO** to fly home via **EWR**. Extensions to remain in **Rome** longer are available. Cost for extra nights in **Rome** with breakfast and airport transfer is **\$299** for first night and **\$149** for each additional night per pilgrim, double occupancy. Single supplement is **\$100** per night.



✂-----✂-----✂

Name: _____ Room With? _____ **04PPM10**

Address: _____ Date of Birth (DOB): ____/____/____ Age: _____
 Month / Day / Year Kept Confidential

City: _____ State: ____ Zip: ____-____ Phone: (____) ____-____ (____) ____-____
 Post Office (Home Location) Plus four, if available Area Code Home Area Code Office

Emergency Contact: _____ Phone: (____) ____-____ (____) ____-____
 Required for Air Travel First and Last Name Relationship Area Code Home Area Code Office

\$500 Deposit (\$250 Non-Refundable) Enclosed: **\$2299 PPM Basic Package Payment Enclosed:**

Single Supplement \$399 (Advised for Smokers/Snorers) **Estimated Travel / Transfer TAXES of \$130**

Help me with **add-on air** from: _____ to **EWR**. **Traveler's Insurance at Cost Desired:** Yes No

Charge Account Number: _____ **Name on Card (Print):** _____

Discover **MasterCard** **Visa** **Expiration Date:** _____ **Signature:** _____

Your "Signature" indicates understanding and acceptance of the terms and conditions of this **PPM** as well as that you are mentally and physically capable of making this **PPM**. Reservations cannot be accepted without signature and either deposit or full payment. "DOB" and "Age" are used to match you with a room mate if NO "Room with?" preferences are provided. **04PPM10**

Pilgrims of Faith Marian Center (PFMC), A Religious Association, Inc.
61 Cooper Road, Voorhees, NJ 08043-4963 (856) 768-9228, FAX: -9428

PLEASE READ THESE TERMS and CONDITIONS as well as the PILGRIMAGE INFORMATION and SIGN the APPLICATION FORM whether USING A CREDIT CARD or NOT!

TRAVEL AGENCY / BUSINESS

The **PFMC** is not in the travel service business but contracts with a number of reputable travel service businesses with expressed terms and conditions which are applied both to the **PFMC** and pilgrims coordinated by the **PFMC** through a specific agency in the travel service business.

CANCELLATION PENALTIES and REFUNDS

Cancellation must be made through the **PFMC** and the agent in a timely fashion. No refund to "no-show" pilgrims. The agent and airlines used control the refunds of airfare. A **\$250 non-refundable charge** is taken from each deposit for administration and processing at time of application.

The following is an estimate of the Cancellation Penalties for **PFMC** coordinated pilgrimages:

	Days Before Departure	Penalty Per Pilgrim
It is the policy of the PFMC that youth and young adults who are not high school graduates must be accompanied by one or both of their parents or a legal guardian on any of the pilgrimages coordinated by the PFMC .	>60	\$250
	60-35	\$900 (or \$250 + Airfare as Airline may not refund airfare)
	35-00	No refund

RESERVATIONS and PAYMENTS – Full Payment due July 12, 2004. Special considerations after August 11, 2004.

For reservations, please complete the form on the front or below, cut it off and mail it to the **PFMC** at the address shown above with a deposit of \$500 per person. The balance is due no later than **July 12, 2004** and with applications thereafter. **Charge cards are accepted (Visa, M/C or Discover only)**. Reservations with full payment may be accepted less than **60 days** prior to departure **subject to availability of air and land space**. Use **Priority or Express Mail** for all applications and payment related correspondence after **60 days** prior to departure. **ALL RESERVATION APPLICATIONS MUST BE SIGNED BY EACH PILGRIM. Couples and roommates may use front and back of same form.**

PASSPORT REQUIRED – Send photocopy of valid passport photo page to Kathleen.

All pilgrims must be in possession of a valid passport prior to departure. If you do not have a valid passport, a personal appearance is required with two (2) passport photographs and a valid birth certificate with a raised seal at a passport office. Passport applications may be processed through most local county clerk's offices. Pilgrimage coordinators can assist you in getting passport application forms and completing them.

MEDICAL TREATMENT, PRESCRIPTIONS, and RELATED EXPENSES – Travel Medical Insurance recommended.

Should you require medical treatment while away from home, you must arrange for payment for services rendered. Special travel medical insurance applications are available from the **PFMC**. For the sick or those who lack self-mobility, medical insurance which includes provisions for medical evacuation from overseas is mandatory. Medications can not normally be purchased without a doctor's prescription – bring copies with you. Be sure to bring any necessary medication with you and have it at all times in your carrying bag.

INSURANCE – Travel, Medical, Lost Luggage, Cancellation, etc. Insurance recommended

Purchasing of a reputable travel, medical, lost luggage, cancellation, etc. insurance program is highly recommended. Special travel insurance applications are available from the **PFMC**. The **PFMC** can assist with arrangements for this special travel insurance.

RESPONSIBILITY – All pilgrims travel at their own risk with responsibility for their own expenses.

The travel agent and the **PFMC** arrange with airlines, hotels and other independent firms and families to provide pilgrims with travel services. Despite great care in choosing service suppliers, the agent and the **PFMC** do NOT control them and therefore cannot be held responsible for their acts or omissions, the quality of services, hotel accommodations, overbooking, flight delay, weather conditions and other circumstances over which the agent and the **PFMC** have NO control. Pilgrims accept these terms and conditions by signing applications. Travel services are subject to conditions imposed by these suppliers who document their liability in tariff forms, contracts and international agreements. **The agent and the PFMC, therefore, cannot assume responsibility for any losses, damages, expenses from injury, accident or death, delay of baggage or other properties, the act or omission of any person or firm other than PFMC selected agents, or their employees or agents, the PFMC, mental breakdown, government action, strikes, lock-out, war, weather or other factors and causes beyond their control, acts of vandalism, air/land piracy, burglaries, assault or any physical harm to pilgrim property/person.** Failure to follow instructions or to obtain required documentation including passports, visas and health certificates, where required, releases the agent and the **PFMC** from responsibility for any refund.

PACKAGE PRICE or COST – Best possible package including breakfasts and suppers. See list on front page.

This pilgrimage package price does not include **USA** and foreign country travel taxes. Those services included and not included are detailed on the front of each pilgrimage information sheet. Additional scheduled pilgrimages and optional tours may be arranged through **PFMC** coordinators, **Keith and Kathleen Werner**. For information, call the **PFMC** at (856) 768-9228, 1-800-788-MARY [6279] or FAX to (856) 768-9428.

Contact **Dr. Bob and Anita Rice** of **In His Omnipotent Presence (IHOP) Ministries** via 737 ValVerde Drive S.E., Albuquerque, NM 87108- 3467, (505) 473-7169, or **Bob Cell: (505) 270-0580**, or **Anita Cell: (505) 270-0955** or ihopministries@yahoo.com.

Name: _____ Room With? _____ **04PPM10**

Address: _____ Date of Birth (DOB): ____/____/____ Age: _____
Month / Day / Year Kept Confidential

City: _____ State: ____ Zip: _____ - _____ Phone: (____) _____ - _____ (____) _____ - _____
Post Office (Home Location) Plus four, if available Area Code Home Area Code Office

Emergency Contact: _____ Phone: (____) _____ - _____ (____) _____ - _____
Required for Air Travel First and Last Name Relationship Area Code Home Area Code Office

\$500 Deposit (\$250 Non-Refundable) Enclosed: **\$2299 PPM Basic Package Payment Enclosed:**

Single Supplement \$399 (Advised for Smokers/Snorers) **Travel / Transfer TAXES of \$130**

Help me with add-on air from: _____ to EWR. **Traveler's Insurance at Cost Desired: Yes** **No**

Charge Account Number: _____ **Name on Card (Print):** _____

Discover **MasterCard** **Visa** **Expiration Date:** _____ **Signature:** _____

Your "Signature" indicates understanding and acceptance of the terms and conditions of this **PPM** as well as that you are mentally and physically capable of making this **PPM**. Reservations cannot be accepted without signature and either deposit or full payment.

"DOB" and "Age" are used to match you with a room mate if NO "Room with?" preferences are provided.

04PPM10