

# Augustine Institute Holy Land Pilgrimage With Most Reverend Richard Henning & Dr. Mark Giszczak — May 16-26, 2019

## Terms and Conditions:

### Tour Pricing\*:

\$4595 per person from Newark, NJ (based on double occupancy and coach/economy airfare)

\$990 Single Occupancy Hotel Room Supplement

In addition, all tours subject to \$165 tip charge (to cover all tips for driver, local guide(s), hotels, porters, etc., to be collected ahead of trip) and an estimated \$80 (subject to change) possible charge if any airline increase in fuel surcharges and air/governmental taxes/fees on airfare.

\* All listed prices include a cash/check discount of \$150. Payments made via credit card will be charged at the regular rate of \$4,745 per person tour pricing from Newark, NJ. *Space is limited and will be filled on a first come basis*

**Complete and sign this Registration Form** and return it with a **deposit of \$500 per person** and a **photocopy of each person's passport**. Additional payment of \$2000 per person due January 15, 2019. Final Payment of tour expenses due no later than March 1, 2019. Make checks payable to Illuminated Paths LLC. Mail to the following address: Illuminated Paths LLC, 868 Mercury Circle, Littleton, CO 80124.

**Fuel surcharges, air/governmental taxes/fees are subject to change.** Any increase at the time of ticketing will be passed on and billed to the traveler.

**Cancellation Penalties** per person are as follows: From deposit to 181 days before departure – \$100; From 180 to 121 days before departure – \$350.00; From 120 to 61 days before departure – \$1,000.00; From 60 days until departure – No Refund.

**Air ticketing** may occur any time after deposit has been received. If cancellation occurs after ticketing, the nonrefundable portion of the ticket will be added to the cancellation penalty. Most tickets are fully nonrefundable. **All cancellations** must be received in writing to: Illuminated Paths LLC, 868 Mercury Circle, Littleton, CO 80124

**Itinerary** is subject to change.

**Tour Price Includes:** Round-trip coach/economy airfare from departure city as noted (Newark, NJ). (Alternate departure cities available, and may affect tour pricing.) Porterage at hotels for two pieces of luggage in Israel. Eight (8) nights hotel accommodations in Israel. Eight (8) breakfasts, eight (8) lunches and nine (9) dinners while in Israel (beverages at all lunches and the final night's dinner are not included and will need to be purchased by passenger.) Eight (8) full days sightseeing with daily Mass, per itinerary (itinerary subject to change). Travel by deluxe motor coach. Entrance fees for all included sight-seeing per itinerary.

**Tour Price Does Not Include:** Airfare to departure city (request add-on airfare if departure other than Newark, NJ). Passport fees. Beverages for all lunch meals, and the final dinner meal. Any beverages (i.e. alcoholic, etc.) not included in breakfast and dinner buffets. Meals and beverages outside those noted on itinerary, phone calls, laundry, personal expenses, and tips (\$165 per person noted above). Any possible increase in airline fuel surcharges and air/governmental taxes/fees. Donations to churches visited. Travel Protection is not included but is recommended.

**Travel Protection:** Illuminated Paths LLC recommends that you purchase a travel protection plan to help protect you and your travel investment against the unexpected. Travel protection plans include coverage for Trip Cancellation, Trip Interruption, Emergency Medical and Emergency Evacuation/Repatriation, Trip Delay, Baggage Delay and more.\*\* For more information on the recommended plans or to enroll, contact Travelex Insurance Services at 800-228-9792, and reference location number 06-0234.

Whereas the Augustine Institute and Illuminated Paths LLC serve only as agents for the airlines, hotels, tour companies, car rental firms, railroads, cruise lines and/or all other suppliers of your actual travel arrangements, the Augustine Institute and Illuminated Paths LLC are not liable for any act, omission, delay, injury, loss, damage, or nonperformance occurring in connection with these travel arrangements. In the unexpected event that Most Reverend Richard Henning or Dr. Mark Giszczak is unable to lead the pilgrimage, a replacement guide will be provided. I have read and understand the Terms and Conditions under which I am purchasing the above tour.

Signed (Participant #1) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Participant #2) \_\_\_\_\_ Date \_\_\_\_\_

\*\*The product descriptions provided here are only brief summaries and may be changed without notice. The full coverage terms and details, including limitations and exclusions, are contained in the insurance policy. Travelex CA Agency License #0D10209. All products listed are underwritten by, Berkshire Hathaway Specialty Insurance Company (formerly known as Stonewall Insurance Company), 1314 Douglas Street, Suite 1400, Omaha, NE 68102. 11.17 E7N

# Release and Indemnity Agreement

**!! THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS – READ IN FULL BEFORE SIGNING!!**

In consideration of being allowed to participate in the travel activity described below, I hereby release, hold harmless and forever discharge the Augustine Institute and Illuminated Paths LLC and each and every officer, agent, independent contractor and employee of the above referenced entity from all claims, causes of action, or demands of every kind which I may have in the future or that any person claiming through me may have in the future against any of them by reason of any injury to person or property, or death, in connection with my participation in the travel activity described below. Further, I agree to indemnify each and every one of them for liability arising solely from my tortious acts or omissions, and I assume the risk of traveling to, through, and from the site of the activity. I certify that I am in good physical health and am physically able to participate in the described activity. I understand and acknowledge that serious accidents or terrorist acts sometimes occur during activities such as this, and that some medical conditions may be exacerbated or aggravated, and that participants occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof, and that my participation could result in loss of or damage to my property, serious injury to my body or to others, and/or my death. I have been advised to obtain personal medical coverage for this trip as some insurance plans do not cover out-of-country medical care. Furthermore, I agree to use my personal insurance as a primary medical coverage if an accident or injury occurs.

**Travel Activity:**

**Augustine Institute Holy Land Pilgrimage  
with Most Reverend Richard Henning and Dr. Mark Giszczak**

**Dates: May 16–26, 2019**

In the unexpected event that Most Reverend Richard Henning or Dr. Mark Giszczak is unable to lead the pilgrimage a replacement chaplain/guide will be provided.

I have read this Release, and understand the terms used in it and their legal significance. This Release is freely and voluntarily given with the understanding that rights to legal recourse against Augustine Institute or Illuminated Paths LLC and its members, officers, employees, agents or independent contractors are knowingly given up in return for allowing my participation in the travel activity described above.

**Signed (Participant Name #1)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed (Participant Name #2)** \_\_\_\_\_ **Date** \_\_\_\_\_

# Registration Identification Information (please print clearly)

**Participant #1\*** (Name as it appears on Passport): \_\_\_\_\_

Name as you prefer it to appear on Nametag: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*\* Passport #: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

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

Single Occupancy Hotel Room Supplement (\$990):  Yes  No

Air Departure City: Newark, NJ  Other

If Other, please specify request (may affect tour price): \_\_\_\_\_

Air Upgrade to Economy Plus (extended legroom) (estimated at \$650 per person, if available):  Yes  No

Air Seating Preference (i.e. aisle, window, etc.) (not guaranteed): \_\_\_\_\_

Special Needs/Requests/Meals, etc.: \_\_\_\_\_

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## Payment Information:

Payment Form (check one): Check (enclosed)  Credit Card

If paying via Credit Card, please provide the following (payment via credit card will forgo included \$150 cash/check discount):

Credit Card Type (check one): VISA  MasterCard

Credit Card Number (please print clearly): \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV (3-digit security code on back of card): \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Signature to process deposit and future payments: \_\_\_\_\_

Mailing Address for card (if different from above address): \_\_\_\_\_

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\* **Note: Name must be as it appears on your passport.** Please use additional forms if 2<sup>nd</sup> or more person(s) are not located at the same address, or if they will be flying from different departure cities.

\*\* **Passport must be valid for six months beyond the ending tour date.** If a new passport is being applied for, please send a photocopy as soon as available.

Please retain a copy for your records. Contact Kris Gray regarding any questions, 303-300-6683, [illuminatedpaths@gmail.com](mailto:illuminatedpaths@gmail.com)

# Registration Identification Information (please print clearly)

## Participant #2 \*

(Use this section if ...

- Participant #2 is located at same address as Participant 1 above
- Participants #1 & #2 will be rooming together and departing from the same city.

Otherwise, use additional copies of page 3 for additional participants.)

Name as it appears on Passport: \_\_\_\_\_

Name as you prefer it to appear on Nametag: \_\_\_\_\_

Email Address (if different from, or additional to, Participant #1): \_\_\_\_\_

Cell Phone (if different from, or additional to, Participant #1): \_\_\_\_\_

\*\* Passport #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

Air Upgrade to Economy Plus (extended legroom) (estimated at \$650 per person if available):  Yes  No

Air Seating Preference (i.e. aisle, window, etc.) (not guaranteed): \_\_\_\_\_

Special Needs/Requests/Meals, etc.: \_\_\_\_\_

\_\_\_\_\_

\* **Note: Name must be as it appears on your passport.** Please use additional forms if 2<sup>nd</sup> or more person(s) are not located at the same address, or if they will be flying from different departure cities.

\*\* **Passport must be valid for six months beyond the ending tour date.** If a new passport is being applied for, please send the copy as soon as available.

Please retain a copy for your records. Contact Kris Gray regarding any questions, 303-300-6683, [illuminatedpaths@gmail.com](mailto:illuminatedpaths@gmail.com)

## Personal Information Consent

A passenger list will be distributed to the entire pilgrimage group. This will assist in remembering names of other people in the group. Additionally, many wonderful friendships are formed on pilgrimages, and so to help facilitate on-going communication after the pilgrimage, additional contact information will be included with your permission. In addition to your name, please check what information you are comfortable sharing. If you do not want any additional contact information shared in this list, please check the box next to None.

Address       Home Phone       Cell Phone       E-mail       None

\_\_\_\_\_  
Signature (Participant #1)

\_\_\_\_\_  
Name #1 (please print)

\_\_\_\_\_  
Signature (Participant #2)

\_\_\_\_\_  
Name #2 (please print)

## Frequent Flyer Number

The group will be flying on United Airlines. If you have a United Mileage Plus frequent flyer number, please list it below so that it can be added to your air reservation record. At airport check-in, please confirm that your record contains your frequent flyer number.

\_\_\_\_\_  
Name (Participant #1) (please print)

\_\_\_\_\_  
United Frequent Flyer Number

\_\_\_\_\_  
Name (Participant #2) (please print)

\_\_\_\_\_  
United Frequent Flyer Number

## Emergency Contact Back in the US

In the case of an emergency, please provide the name and contact information of the person you would want us to contact:

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Alternate Phone #

\_\_\_\_\_  
Email

## Additional Information

Please let us know if you are an ordained Catholic deacon, a Eucharistic minister, or a singer/music minister, who would be interested in serving/assisting during the liturgies, if needed, while in the Holy Land. Also, please let us know if you are a medical professional (doctor, P.A., nurse, etc.).