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

Pilgrimage to MEDJUGORJE (PPM), via Prague, Czech Republic

Pilgrimage Coordinator: Kathleen Werner, RN, ACT

Priest Spiritual Director: Father Thomas Kiely Saint Lawrence, Lindenwold, NJ

Dates and Package Price:

March 24, 2004 to

April 04, 2004

from JFK, NY, for \$1,399 plus \$130 airport taxes.

INCLUDED:

- Round trip air from JFK, NY on Czech Airlines to Prague, Czech Republic and to Split, Croatia.
- All Breakfasts and Suppers.
- Comfortable escorted or guided motor coach transfers Split to and from Medjugorje as well in the Czech Republic.
- Private Home / Pansion (Medjugorje) and 3-4 Star Hotel (Czech Republic) (double occupancy). Single Supplement is \$399.
- **PFMC** coordinated spiritual program with daily Holy Mass, Rosary and Prayer/Song.
- English speaking escort in **Czech Republic** with local guide **Medjugorje**.
- Guided Bus and walking tours of **Prague** including the **Infant Jesus of Prague**.

NOT INCLUDED:

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



Depart Wednesday, March 24th 2004 from JFK, NY arriving in Prague, Czech Republic, on Thursday, March 24th 2004 then transfer to motor coach for a part day visit to sites around Prague prior to 2 nights there with tours of the city sites including major basilicas and churches.

Visit *Maria and Anthony of Padua Church* where the original *Infant Jesus of Prague* is maintained.

On *Saturday*, *March* 27th 2004, fly to **Split**, **Croatia**, where there will be customs to be cleared and visa control. Board the waiting motor coach for transfer to **Medjugorje**, **Bosnia-Hercegovina**.

On arrival at a private home in **Medjugorje**, about a block from **Saint James Church**, late on

Saturday, March 27th 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 dining room accommodates pilgrims for family style breakfasts and suppers. Lunch or snacks are readily available at restaurants or stores nearby. Fasting is encouraged.

Medjugorje supports many experiences in *Our Lady's* arms, Apparition Hill (**Podbrdo**) and Cross Mountain (**Krizevac**) to climb, moments for prayer, Adoration of the Blessed Sacrament, talks by visionaries and priests. 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 *Wednesday* and *Saturday*.

Early on *Palm Sunday*, *April 4th 2004*, depart **Medjugorje** on a motor coach trip across the mountains into **Croatia** and along the **Adriatic Sea** to **Split**. Fly from **Split** to **Prague** for transfer to the flight home via **JFK**. **NY**.

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Name:			Room With?			04P	<i>PM04</i>	
Address:			Date of Birth (DOB)://			Age:		
				Month / Da	ay / Year	Kept Confide	ential	
City:	State:	Zip:	Phone: ()		()			
Post Office (Home Location)		Plus four, if available		Home	Àrea Code	Office		
Emergency Contact:			Phone: ()		()			
Required for Air Travel First and	Last Name	Relationship	Àrea Code	Home	Àrea Code	Office		
\$500 Deposit (\$250 Non-Re	efundable)	Enclosed:	\$1399 PPM Bas	sic Package	e Payment En	closed:		
Single Supplement $399\square$ (Advised for S	Smokers/Snorers)	Estimated Travel / 1	Transfer TA	AXES of \$130)		
Help me with add-on air from:		to JFK.	Traveler's Insuranc	e at Cost D	esired: Yes			
Charge Account Number:			Name on Card (Prir	nt):				
Discover ☐ MasterCard ☐ Visa ☐ Expiration Date:			Signature:					
Your "Signature" indicates underst	tanding and a	cceptance of the term	ns and conditions of this	PPM as we	ll as that you are	e 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. **O4PPM04**

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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*.

35-00
No refund

RESERVATIONS and PAYMENTS - Full Payment due December 24, 2004. Special considerations after January 24, 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 **December 24**, 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.

Name:			Room With?			<i>04PPM04</i>	
Address:			Date of Birth (DOB):	/_ Month / Da		Age: Kept Confidential	
City: Post Office (Home Location)	State:	Zip:Plus four, if available	_ Phone: () Area Code	 Home	() Area Code	Office	
Emergency Contact: Required for Air Travel First and	Last Name	Relationship	Phone: () Area Code	 Home	() Area Code	Office	
\$500 Deposit (\$250 Non-R	Refundable)	Enclosed:	\$1399 PPM Bas	ic Package	Payment En	closed:	
Single Supplement \$399□	Travel / Transfer TAXES of \$130						
Help me with add-on air from: to JFK. ´ Charge Account Number:			Traveler's Insurance at Cost Desired: Yes				
Discover MasterCard V	Signature: ms and conditions of this <i>PPM</i> as well as that you are mentally						

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