

We are holding space via British Airways  
from New York's JFK International Airport as follows:

<u>Date</u>	<u>Airline</u>	<u>Flight</u>	<u>Departure City/Time</u>	<u>Arrival City/Time</u>
May 18	BA	#176	New York JFK / 7:35 pm	-----
May 19			-----	London LHR / 7:40 am
May 19	BA	#700	London LHR / 9:55 am	Vienna VIE / 1:15 pm
May 28	BA	#711	Zurich ZRH / 10:40 am	London LHR / 11:30 am
May 28	BA	#177	London LHR / 1:40 pm	New York JFK / 4:10 pm

## Passion Play Package Enrollment Form

**Tour Code: 8050 - 05/2010**

# Benefactor's Pilgrimage Office of the "Franciscan Mission Associates"

Enclosed is a check for my/our non-refundable deposit

**1st deposit (\$500 per person) deadline: September 30, 2009**

**2nd deposit (\$1,000 per person) deadline: November 30, 2009**

**Final Payment deadline: February 5, 2010**

Please return a photo copy of this enrollement form, for each participant traveling, with your deposit check made payable to:

**Benefactor's Pilgrimage Office of the Franciscan Mission Associates**

274 - 280 West Lincoln Avenue • Mount Vernon, NY 10551

**Full First/Middle Name:** \_\_\_\_\_

*(exactly as appears on passport)*

**Last Name:** \_\_\_\_\_

*(exactly as appears on passport)*

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Roommate:** \_\_\_\_\_

*(if preference)*

**Single Room:** \_\_\_\_\_ (Yes\_/No\_)

**Peter's Way Tours Travel Insurance:** \_\_\_\_\_ (Yes\_/No\_)

*(See Terms & Conditions section for rate/information.)*

I have read and understand all terms and conditions as noted in this brochure.

**Signature:** \_\_\_\_\_