



### INCLUDED IN COST OF TOUR

#### HOTELS

- Three (3) nights in Munich (*Tryp Munich City Center Hotel*)
- Three (3) nights in Salzburg (*Hotel & Villa Auersperg*)
- One (1) night in Innsbruck (*Grauer Bär Hotel*)
- Two (2) nights in Oberammergau (*Turmwirt Hotel, included in Passion Play package*)
- One (1) night in Munich (*Tryp Munich City Center Hotel*)

#### MEALS

- Opening Tour Dinner in Munich (*reservations at venue provided, cost of dinner & drinks by each individual*)
- Group Dinner in Salzburg (*reservations at venue provided, cost of dinner & drinks paid by individual*)
- Two (2) dinners in Oberammergau (*included in Passion Play package*)
- Breakfasts (*included with hotel*)

#### PASSION PLAY

- Ticket (*best seats*) to Passion Play
- Two (2) nights in Oberammergau (*see above*)
- Transfers to and from hotel (*if required*)
- Two (2) dinners in Oberammergau (*see above*)

#### TOUR BUS & DRIVER

- Munich - Salzburg
- Salzburg - Innsbruck
- Innsbruck - Oberammergau
- Oberammergau - Munich

#### TRAVEL

- Munich Card (*2 day*) + *Airport City Day Ticket (day of arrival)*
- Salzburg Card (*3 days free transit w/ free admission to museums & sites*)

#### GUIDED TOURS/ ADMISSIONS

- Franz Mayer Studio
- Dachau (*group tour fee w/ guide*)
- Jewish Museum & Ohev Jakob Synagogue (*group tour fee w/ guide*)
- Grassmayr Bell Foundry
- Ettal Abbey (*Basilica & Brewery*) (*group tour fees for Basilica & Brewery*)
- Schloss Linderhof (*entrance fee w/ guide*)
- Schloss Nueschwanstein (*entrance fee w/ guide*)
- Dom Quartier (*group tour fee w/ guide for Cathedral, Cathedral Museum, Museum of St. Peter's Abbey & State Rooms of the Residenz Palace*)
- Festung Hohensalzburg (*group tour fee*)
- Schloss Hellbrunn (*entrance fee w/ audio guide*)

### NOT INCLUDED IN COST OF TOUR

#### MEALS

- Dinners ( $\pm 8$ ) (*on your own, with group or friends*)
- Lunches (*on your own, with group or friends*)

#### TRAVEL

- Round trip flight to Munich
- Transfers to Airport at end of tour

### ITINERARY

**MAY 27 (WEDNESDAY)**  
Arrive in Munich from airport take train, bus or taxi to central Munich

**MAY 28 (THURSDAY)**  
Munich on your own or Church Tour in evening Opening Dinner

**MAY 29 (FRIDAY)**  
Tour of Franz Mayer Studios and Dachau

**MAY 30 (SATURDAY)**  
Leave Munich go to Salzburg stop at Schloss Hellbrunn on way

**MAY 31 (SUNDAY)**  
After Mass in the Cathedral tour of the Cathedral Quarter and Salzburg Castle, evening on your own

**JUNE 1 (MONDAY)**  
Salzburg on your own. Special Music Event (Salzburg Whitsun Festival) in the evening

**JUNE 2 (TUESDAY)**  
Leave Salzburg for Innsbruck. Innsbruck on your own

**JUNE 3 (WEDNESDAY)**  
Leave Innsbruck on to Ettal Abby, Schloss Linderhof then arrive in Oberammergau

**JUNE 4 (THURSDAY)**  
Tour of Albl Oberammergau Studio then Passion Play

**JUNE 5 (FRIDAY)**  
Leave Oberammergau stop at Weiskirche and Schloss Neuschwanstein on way to Munich

**JUNE 6 (SATURDAY)**  
Leave Munich for home or extend trip on your own



# 2020 Oberammergau Tour APPLY



## REGISTRATION FORM

PLEASE PRINT OUT & COMPLETE REGISTRATION FORM THEN RETURN TO VIA USPS OR EMAIL TO:

**ACLS OBERAMMERGAU 2020 TOUR | C/O WILLIAM BROCIUS | 950 PROGRESS STREET #302 | PITTSBURGH, PA 15212 | WEBROCIUS@VERIZON.NET**

PLEASE SEND PAYMENT TO ADDRESS LISTED ON THE SIDE OF THIS FORM OR PAY VIA PAYPAL USING THE INSTRUCTIONS LISTED ON THE SIDE OF THIS FORM

### TOUR PARTICIPANT:

(PLEASE PRINT YOUR NAME AS IT APPEARS ON GOVERNMENT ISSUED TRAVEL DOCUMENTATION (PASSPORT))

Title: \_\_\_\_\_ First: \_\_\_\_\_ Last: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date (mo./day/yr.): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex:  Male  Female

### PASSPORT INFORMATION:

PLEASE BE ADVISED THAT A VALID PASSPORT IS NECESSARY FOR INTERNATIONAL TRAVEL. YOUR PASSPORT SHOULD BE VALID FOR AT LEAST 6 MONTHS AFTER YOUR DATE OF DEPARTURE. PASSPORT CARDS ARE NOT VALID FOR INTERNATIONAL TRAVEL.

Passport No.: \_\_\_\_\_ Expiration Date (mo./day/yr.): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City, State, Country of Issuance: \_\_\_\_\_

### EMERGENCY CONTACT:

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT THE FOLLOWING PERSON(S) IN THE ORDER PRESENTED:

Emergency Contact No.1 (not traveling with you): \_\_\_\_\_

Phone (emergency contact): \_\_\_\_\_ Relationship (emergency contact): \_\_\_\_\_

Emergency Contact No.2 (not traveling with you): \_\_\_\_\_

Phone (emergency contact): \_\_\_\_\_ Relationship (emergency contact): \_\_\_\_\_

### ROOM PREFERENCE:

NOTE: ALL ROOMS ARE DOUBLE OR TWIN DOUBLE OCCUPANCY (NO SINGLE OCCUPANCY) EVERY PARTICIPANT WILL BE REQUIRED TO LIST THE PERSON WHO THEY ARE ROOMING WITH ON THE TOUR. (PLEASE NOTE THAT AVAILABILITY VARIES W/ HOTEL)

Double  Twin Double

### ROOMING WITH:

(NOTE: THE PERSON YOU ARE ROOMING WITH IS ALSO REQUIRED TO COMPLETE A COPY OF THIS FORM AS TOUR PARTICIPANT)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MUNICH CHURCH TOUR:**  I CHOOSE TO PARTICIPATE IN THE ACLS MUNICH CHURCH TOUR

### SIGNATURE STATEMENT:

I ACKNOWLEDGE THAT I HAVE READ THIS REGISTRATION FORM COMPLETELY AND THE INFORMATION I PROVIDED IS ACCURATE. I UNDERSTAND THAT MY DEPOSIT IS NON-REFUNDABLE IF CANCELLATION DOES NOT OCCUR PRIOR TO AUGUST 30, 2019. I UNDERSTAND THAT MY RATE IS BASED UPON DOUBLE OCCUPANCY AND THAT IF MY ROOMMATE CANCELS, MY RATE MAY CHANGE IF ANOTHER ROOMMATE IS NOT FOUND. I UNDERSTAND THAT ALL MONIES MUST BE PAID BY THE FINAL PAYMENT DATE. IF MY BALANCE IS LEFT UNPAID, MY RESERVATION WILL BE CANCELED IMMEDIATELY. A \$50 REINSTATEMENT/ADMINISTRATION FEE WILL BE CHARGE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REGISTRATION & PAYMENT REQUIREMENTS

### COST OF TOUR:

**\$2725.00**

(BASED UPON DOUBLE OCCUPANCY)

### DEPOSIT:

**\$675.00**

(DUE UPON REGISTRATION)

### INTERMEDIATE

### PAYMENT:

**\$1,025.00**

(DUE SEPTEMBER 30, 2019)

### FINAL

### PAYMENT:

**\$1,025.00**

(DUE DECEMBER 15, 2019)

### REGISTRATION DUE:

**JUNE 30, 2019**

(THE TOUR IS LIMITED TO 18

**PARTICIPANTS ON A FIRST**

**COME FIRST SERVED BASIS)**

### FORM OF PAYMENT:

#### PAY BY CHECK:

(MAKE OUT TO "ACLS" & MAIL TO)

ACLS OBERAMMERGAU  
2020 TOUR  
C/O ROBERT HABIGER,  
ACLS TREASURER  
2101 VALENCIA DR NE  
ALBUQUERQUE, NM 87110

#### PAY BY PAYPAL:

PAYMENT BY PAYPAL WILL  
**Add \$75 ( \$20 + \$27.50 + \$27.50) TO COST**

LOG-IN TO THE ACLS WEBSITE

GO TO THE "MEMBERS AREA" TAB

CLICK ON THE DROP-DOWN TAB "ACLS OBERAMMERGAU 2020 TOUR"

CLICK ON "BUY NOW"  
(YOU WILL BE LINKED TO THE ACLS PAYPAL ACCOUNT. YOU HAVE THE OPTION TO PAY THROUGH YOUR PERSONAL PAYPAL ACCOUNT OR TO PAY BY EITHER A DEBIT OR CREDIT CARD. FOLLOW THE INSTRUCTIONS FOR YOUR PREFERRED METHOD OF PAYMENT. YOU WILL RECEIVE AN E-MAIL RECEIPT OF THE TRANSACTION)



# 2020 Oberammergau Tour APPLY



## WAIVER & RELEASE

PLEASE PRINT OUT & COMPLETE WAIVER & RELEASE FORM THEN RETURN TO VIA USPS OR EMAIL TO;

**ACLS OBERAMMERGAU 2020 TOUR | C/O WILLIAM BROCIUS | 950 PROGRESS STREET #302 | PITTSBURGH, PA 15212 | WEBROCIUS@VERIZON.NET**

IN CONSIDERATION OF THE RISK OF INJURY WHILE PARTICIPATING IN ACLS OBERAMMERGAU 2020 TOUR (THE "ACTIVITY"), AND AS CONSIDERATION FOR THE RIGHT TO PARTICIPATE IN THE ACTIVITY, I HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS, OR PERSONAL REPRESENTATIVES, KNOWINGLY AND VOLUNTARILY ENTER INTO THIS WAIVER AND RELEASE OF LIABILITY AND HEREBY WAIVE ANY AND ALL RIGHTS, CLAIMS OR CAUSES OF ACTION OF ANY KIND WHATSOEVER ARISING OUT OF MY PARTICIPATION IN THE ACTIVITY, AND DO HEREBY RELEASE AND FOREVER DISCHARGE ASSOCIATION OF CONSULTANTS FOR LITURGICAL SPACE THEIR AGENTS, MEMBERS, BOARD, VOLUNTEERS AND REPRESENTATIVES, FOR ANY PHYSICAL OR PSYCHOLOGICAL INJURY, INCLUDING BUT NOT LIMITED TO ILLNESS, PARALYSIS, DEATH, DAMAGES, ECONOMICAL OR EMOTIONAL LOSS, THAT I MAY SUFFER AS A DIRECT RESULT OF MY PARTICIPATION IN THE AFOREMENTIONED ACTIVITY, INCLUDING TRAVELING TO AND FROM AN EVENT RELATED TO THIS ACTIVITY.

I AGREE TO INDEMNIFY AND HOLD HARMLESS ASSOCIATION OF CONSULTANTS FOR LITURGICAL SPACE AGAINST ANY AND ALL CLAIMS, SUITS OR ACTIONS OF ANY KIND WHATSOEVER FOR LIABILITY, DAMAGES, COMPENSATION OR OTHERWISE BROUGHT BY ME OR ANYONE ON MY BEHALF, INCLUDING ATTORNEY'S FEES AND ANY RELATED COSTS, IF LITIGATION ARISES PURSUANT TO ANY CLAIMS MADE BY ME OR BY ANYONE ELSE ACTING ON MY BEHALF.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE THE ASSOCIATION OF CONSULTANTS FOR LITURGICAL SPACE AND ALL OF ITS AGENTS, MEMBERS, BOARD, VOLUNTEERS AND REPRESENTATIVES FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING LEGAL ACTION AGAINST THE ASSOCIATION OF CONSULTANTS FOR LITURGICAL SPACE FOR PERSONAL INJURY OR PROPERTY DAMAGE.

TO THE EXTENT THAT STATUTE OR CASE LAW DOES NOT PROHIBIT RELEASES FOR NEGLIGENCE, THIS RELEASE IS ALSO FOR NEGLIGENCE ON THE PART OF ASSOCIATION OF CONSULTANTS FOR LITURGICAL SPACE ITS AGENTS, AND EMPLOYEES.

IN THE EVENT THAT I SHOULD REQUIRE MEDICAL CARE OR TREATMENT, I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ANY COSTS INCURRED AS A RESULT OF SUCH TREATMENT. I AM AWARE AND UNDERSTAND THAT I SHOULD CARRY MY OWN HEALTH INSURANCE.

IN THE EVENT THAT ANY DAMAGE TO EQUIPMENT OR FACILITIES OCCURS AS A RESULT OF MY OR MY FAMILY'S WILLFUL ACTIONS, NEGLIGENCE OR RECKLESSNESS, I ACKNOWLEDGE AND AGREE TO BE HELD LIABLE FOR ANY AND ALL COSTS ASSOCIATED WITH ANY ACTIONS OF NEGLIGENCE OR RECKLESSNESS.

THIS AGREEMENT WAS ENTERED INTO AT ARM'S-LENGTH, WITHOUT DURESS OR COERCION, AND IS TO BE INTERPRETED AS AN AGREEMENT BETWEEN TWO PARTIES OF EQUAL BARGAINING STRENGTH. BOTH THE PARTICIPANT, AND ASSOCIATION OF CONSULTANTS FOR LITURGICAL SPACE AGREE THAT THIS AGREEMENT IS CLEAR AND UNAMBIGUOUS AS TO ITS TERMS, AND THAT NO OTHER EVIDENCE WILL BE USED OR ADMITTED TO ALTER OR EXPLAIN THE TERMS OF THIS AGREEMENT, BUT THAT IT WILL BE INTERPRETED BASED ON THE LANGUAGE IN ACCORDANCE WITH THE PURPOSES FOR WHICH IT IS ENTERED INTO.

IN THE EVENT THAT ANY PROVISION CONTAINED WITHIN THIS RELEASE OF LIABILITY SHALL BE DEEMED TO BE SEVERABLE OR INVALID, OR IF ANY TERM, CONDITION, PHRASE OR PORTION OF THIS AGREEMENT SHALL BE DETERMINED TO BE UNLAWFUL OR OTHERWISE UNENFORCEABLE, THE REMAINDER OF THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT, SO LONG AS THE CLAUSE SEVERED DOES NOT AFFECT THE INTENT OF THE PARTIES. IF A COURT SHOULD FIND THAT ANY PROVISION OF THIS AGREEMENT TO BE INVALID OR UNENFORCEABLE, BUT THAT BY LIMITING SAID PROVISION IT WOULD BECOME VALID AND ENFORCEABLE, THEN SAID PROVISION SHALL BE DEEMED TO BE WRITTEN, CONSTRUED AND ENFORCED AS SO LIMITED.

I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM OF THE AGE OF 18 YEARS OR OLDER, AND THAT I AM FREELY SIGNING THIS AGREEMENT. I CERTIFY THAT I HAVE READ THIS AGREEMENT, THAT I FULLY UNDERSTAND ITS CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND THAT I AM SIGNING IT OF MY OWN

**PARTICIPANT'S NAME:**

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**PARTICIPANT'S ADDRESS:**

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**SIGNATURE:**

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**DATE:**

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