

FOR INFORMATION AND RESERVATIONS PLEASE CONTACT:

REV. MSGR. PETER QUANG NGUYEN

E-mail: peterquang@att.net

Tel. Number: **(970) 396-9631**

Pilgrimage 2026: June 08th , 2026 – June 23rd , 2026

PRICE: \$5,500.00 USD/per person (inclusive tour price)

\$4000 USD/person (land tour ONLY)

All-inclusive Tour prices:

- Scheduled transatlantic roundtrip flight: USA – Madrid, Spain; one way flight from Madrid to Santiago de Compostela on the 1st day; one way flight from Paris to Madrid on the last day.
- All Motor Coach Transportation – Accommodations in religious institution or Hotel (Double Room)
- Breakfast and Dinner – Sightseeing – Taxes – Religious Activities and Daily Holy Mass.
- Services of Professional Tour Directors/Guides.

Not-included: Insurance, Lunches, Drinks, City Tax, Baggage responsibility, Optional Tours, Tips for Drivers and Tour Guide. Single supplement \$730.00 additional (Not shared Room).

Note: All prices quoted in this flyer are based on airfares, land and exchange rates in effect in November 2024. All prices are subject to change without notice prior to departure due to major currency fluctuations, fuel price increases and / or unforeseen economic conditions. *We reserve the right to change the price of this tour and to change the hotel and itinerary previous notice.*

Deposit of \$2000.00 per person is required at time of Application with early airlines reservation.

Deposit of \$500.00 per person is required at time of Application without early airline reservation.

Balance is due no later than April 15, 2026

Please complete the registration form with full name as it appears on passport. A copy of your passport and your check payable to Msgr. Peter Quang Nguyen for \$2000.00 per person (deposit with airline)
\$500 per person (deposit without airline)

Drop off at the Office of Msgr. Peter Quang Nguyen at All Saints Catholic Church.

Or, mail to this address: Rev. Msgr. Peter Quang Nguyen
All Saints Catholic Church
2559 South Federal Blvd.
Denver, CO 80219

- English / Vietnamese language Tour Guide. Transfers according to the program.
- **PRICE DOES NOT INCLUDE:**
 1. Insurance. Lunches and Expenses of personal nature: beverage, drinks, etc.
 2. Single supplement \$730.00 additional (Not shared room).
 3. Hotel Rooms Before & After Tours and Optional Tour.

Note: *Price subject to change. We reserve the right to change the price of these tours at any time prior tot the departure. We reserve the rights to change the hotel and itinerary without previous notice.*

GENERAL TERMS and CONDITIONS: *All estimated prices quoted in these flyers are based on airfares and land and exchange rates in effect in November 2024 and on group rates of 25 passengers or more. All prices are: subject to change without notice prior to departure due to major currency fluctuations, fuel price increases and / or unforeseen economic conditions.*

- | | | | |
|---------------------------------------|--------------|---|--|
| ● Cancellations & Refunds: | Fees: | = | Day prior to departure |
| ● \$500.00 | | = | Registration Fee / not refundable |
| ● \$2,000.00 | | = | 180 – 120 Days prior to Departure |
| ● \$3,000.00\$ | | = | 121 – 90 Days prior to Departure |
| ● 100% of Total tour cost | | = | 89 – 0 Days prior to Departure. |

Once the Tour begun, there will be no-refunds made for any unused or partially used Tour feature or services, including hotel accommodations and car rentals. In all cases, cancellation fees will apply and be non-refundable for any reason, including illness or other emergencies. Tour operator reserves the right to cancel any tour prior to departure for any reason, including insufficient number of participants.

Name (as it appears in Passport)

Last Name : _____

First Name: _____

Middle Name _____

Day Telephone: _____ Evening Telephone: _____

Male _____ Female _____ Date of Birth _____

I am a U.S. citizen with valid U.S. Passport: Yes _____ No. _____ If no. What country _____

Passport Number _____ Issued: _____ Exp. _____

Address: Number & Street _____

City, State, and Zip Code _____

Email: _____ Rooming with _____

Do you want to buy travel insurance: Yes _____ No _____

If you check "Yes" box please pay extra travel insurance \$199 additional to trip cost _____

My signature indicates that I have read the General Term and Conditions of participation and will abide by its contents and that I am physically and emotionally capable of group travel.

Participant Signature _____ Date: _____/_____/_____