

**PLEASE FILL IN FULL NAME AS APPEARS ON PASSPORT ~ ANY ERRORS WILL INCUR A CHARGE**

Title	First Name (s)	Surname	Nationality	Passport No.	Date of Birth	Travel Ins Req'd	Single room	Double Room	Twin Room

<b>Name of Lead Traveller:</b>		
<b>Postal Address:</b>		
<b>POST CODE:</b>		
<b>Telephone No.</b>		<b>Email:</b>

**PASSENGERS WITH A DISABILITY (requiring assistance)**

Name of Passenger: \_\_\_\_\_ Are you bringing a wheelchair? **NO**

Name of Passenger: \_\_\_\_\_ Are you bringing a wheelchair? **NO**

**Important: we MUST know at the time of booking about any party member with any disability (for which assistance will be required). Failure to inform us will result in cancellation of your booking. PLEASE NOTE ANYONE RELYING ON A WHEELCHAIR MUST BE ACCOMPANIED BY AN ABLE-BODIED HELPER TO PUSH THE CHAIR.**

**SPECIAL REQUIREMENTS (Please note: these cannot be guaranteed)**

Name of Passenger: \_\_\_\_\_ Dietary Needs: \_\_\_\_\_

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*Please note meals in Lourdes are typically French—if you require different—you may need to bring items with you.*

**TRAVEL INSURANCE ~ALL passengers MUST have travel insurance covering the total period of the pilgrimage.**

**If you have your own Travel Insurance ~ please complete this Indemnity**

Name of Passenger: \_\_\_\_\_ Policy No. \_\_\_\_\_ Emergency Tel. \_\_\_\_\_

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**ON BEHALF OF ABOVE NAME (S) I / WE ACCEPT YOUR BOOKING CONDITIONS.**

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**A deposit of £300 is required for EACH passenger. TOTAL ENCLOSED: £ \_\_\_\_\_**

**ALL FLIGHT BOOKINGS MUST BE ACCOMPANIED BY A PHOTOCOPY OF THE PHOTO PAGE OF THE PASSPORT OF EACH INDIVIDUAL PASSENGER AT THE TIME OF BOOKING.**

**PLEASE RETURN THIS FORM TO THE PARISH OFFICE BY 26th March 2023**

**Please make cheques payable to 'HOLY FAMILY PARISH'**