Catholic Association

Pilgrimage to Lourdes. 21st – 28th August 2009

BY TRAIN BOOKING FORM

(Not to be used by Accueil Residents)

Each pilgrim is asked to complete their own individual form in BLOCK LETTERS only.

If travelling by Air - Please turn over.

Title:(Mr/Mrs/Rev)..... First Name:..... Surname:.....
As on Passport As on Passport

Passport No:..... Country of Issue:..... Expiry Date:..... Nationality:.....

Address:.....

..... Post Code:.....

Tel. No:(Day)..... (Eve)..... Mobile:.....

Email:..... Date of Birth:..... My Diocese is:.....

My home Parish is:..... or, I am with :..... Group.

Please indicate your choice of accommodation by ticking the appropriate box.

☐ Esplanade			£615.00 per person.
☐ St.Georges	☐ ND de France	☐ Beau Site	£645.00 per person.
☐ Mediteranee	☐ Alba	☐ Arcades	£678.00 per person.
☐ Christ Roi	☐ Irlande		£710.00 per person.
☐ Padoue	☐ Moderne		£730.00 per person.
☐ Solitude	☐ St Sauveur		£760.00 per person.
☐ Gallia & Londres			£825.00 per person.

☐ 1st Class London-Lourdes & return. ☐ 1st Class Paris-Lourdes & return. Prices to be confirmed.

Children's discounts available on request.

The above hotels have been reserved as well as other similar hotels. It is hoped to give everyone their first choice but this cannot be guaranteed.

2nd Choice:..... I wish to share a room with:.....

Supplements - please tick box if required.

☐ Single Room. See brochure for prices. *(In very short supply. No guarantee can be given that requests can be met.)*

☐ Comprehensive Travel Insurance will be charged at £25.00 unless you put **NO** in the box and provide details of your own travel insurance. (Details of cover and conditions are summarised on the accompanying leaflet).

If you are a sick pilgrim can you:

1. Walk up 10 steps unaided? Yes / No 2. Walk 1 mile unaided? Yes / No

3. Do you require a wheelchair? Yes / No If yes, will you bring your own wheelchair? Yes / No

4. Will you require the Pilgrimage to supply a wheelchair? Yes / No Will you require a pusher? Yes / No

Please request a form to register with the Pilgrimage Doctor. Wheelchairs not pre-booked may be refused.

Any other important information concerning your health should be notified to Tangney Tours.

I have read and agree to accept the Booking Conditions as detailed in the brochure. (A copy of the booking conditions is also available on request).

✗ Name ..... Signature .....

PAYMENT

Payments by cheque should be made payable to 'Tangney Tours Ltd'. (Please do not send cash).

I enclose my payment of £..... being the deposit of £75 per person plus £25 per person insurance premium.

Complete the section below **only** if paying by credit or debit card.

I would like to pay by Credit Card ☐ Debit Card ☐ Please debit my credit/debit card for the amount of: £.....

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐

Note: Credit card payments incur a 1.5% processing charge. Excludes Debit Cards and Switch Cards.

☐☐☐ The 3 digit secirity code shown on the back of your card.

I authorise the balance to be debited to my account 8 weeks prior to departure. Yes / No. Delete if not applicable.

Start Date ..... Expiry Date ..... Switch/Debit Card Issue No: ..... (if applicable).

Name ..... Signature ..... Date .....

Tangney Tours Limited. Pilgrim House. Station Court. Borough Green. Kent. TN15 8AF. Tel: 01732 886666 Fax: 01732 886885

100% Financial Protection
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