



Middlesbrough Diocesan Pilgrimage to Lourdes

22nd May to 29th May 2009

BOOKING FORM

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

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:.....

Date of Birth:..... Email :.....

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

Please complete ONE section below.

SICK PILGRIMS REQUIRING 24 HOUR ASSISTANCE: **Please Tick** **£630.00**
ACCOMMODATION IN THE ACCUEIL NOTRE DAME*

**N.B. Closing date for application for Accueil Notre Dame - 28th February 2009
Applications received after this date will only be considered if places are still available.*

HOTEL ACCOMMODATION. Please tick hotel of your choice.

<input type="checkbox"/> Beau Site	<input type="checkbox"/> St George	<input type="checkbox"/> N.D. de France	<input type="checkbox"/> Europe	£690 per person.	Please tick for single room. Cannot be guaranteed.	Single room Supp: £147	<input type="checkbox"/>
<input type="checkbox"/> Mediterranée				£709 per person.		Single room Supp: £189	<input type="checkbox"/>
<input type="checkbox"/> Paris				£725 per person.		Single room Supp: £189	<input type="checkbox"/>
<input type="checkbox"/> Padoue				£776 per person.		Single room Supp: £217	<input type="checkbox"/>
<input type="checkbox"/> Solitude	<input type="checkbox"/> St. Sauveur	<input type="checkbox"/> Moderne		£815 per person.		Single room Supp: £217	<input type="checkbox"/>

I wish to share a room with:

FLIGHT ONLY For Flight Only seats please tick this box. Cost: £395 per person.

AIRCRAFT SEATING I would like to sit with:..... (Cannot be guaranteed).

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 in the brochure.

Please state clearly if you are willing and able to help with the pilgrimage and in what capacity.

..... Age group

I am a wheelchair user. Yes No If yes please complete the section overleaf.

I am a vegetarian or require a special diet. Yes No If yes please complete the section overleaf.

Have you travelled with the pilgrimage previously as a registered sick pilgrim? Yes No

If Yes please state when: and did you stay in the Accueil or a Hotel:

SPECIAL REQUIREMENTS

Please answer the following questions which will assist us in ensuring you are provided with the best possible support during your journey and stay in Lourdes.

Wheelchairs not prebooked for travel may be refused. Max wheelchair weight = 60kgs.

- i) Can you walk up 10 steps? YES / NO ii) Can you walk one mile unaided? YES / NO
- iii) Do you intend to bring your own wheelchair? YES / NO If Yes, is it a powered wheelchair? YES / NO
(Max weight allowance by air is 60Kgs)
- iv) Can you board a coach unaided YES / NO
- v) Can you walk from the aircraft door/coach entrance/platform to the seat unaided? YES / NO
- If NO, is your travelling companion able to help you? YES / NO
- vi) Are you able to use a bath? YES / NO vii) Do you require a walk-in shower? YES / NO
- viii) Do you require special equipment in your hotel? YES / NO

If Yes, please specify:

IF YOU OR ANYONE IN YOUR PARTY IS A VEGETARIAN PLEASE TICK THIS BOX.

Name:

Please specify (i.e.: Vegan / Will eat fish etc.. Any information you can offer to assist in providing you with a varied diet would be useful).
Note: It may not be possible to provide special food whilst travelling.

A SPECIAL DIET IS REQUIRED. YES / NO

Name:(please tick):

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> GLUTEN FREE | <input type="checkbox"/> DAIRY FREE |
| <input type="checkbox"/> NO NUTS | <input type="checkbox"/> LOW FAT |
| <input type="checkbox"/> LOW SUGAR | <input type="checkbox"/> DIABETIC |

Other:

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

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

Name Signature

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

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

Payments by Credit or Debit Card please complete the section below.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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The 3 digit security code shown on the back of your card.

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



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.



TANGNEY TOURS

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