

This form can be completed online at www.tangney-tours.com - Please complete this form using your passport details and in BLOCK CAPITALS

Title: (Mr/Mrs/Other) First Name: Surname:

Name badges may be provided, please advise how you wish to be known:

Address:

Post Code: E-mail:

Tel: (home) Tel: (mobile)

Date of Birth: Nationality: Passport No:

Passport Issue Date: Passport Expiry Date: Country of Issue:

To receive future pilgrimage information, please tick the following: By e-mail By Post We will never share your information with a third party.

It is essential for you to provide us with the details of an emergency contact whilst abroad:

Name: Telephone:

My Parish or Group is:

To assist the organisers in preparation for your pilgrimage, certain details will be shared with the pilgrimage office.

It is important to note: any passport information submitted on this form needs to be correct, if not a charge could be incurred for any amendments

Important information

EHIC (European Health Insurance Card)

Please ensure that you are in possession of an EHIC for travel in Europe. The EHIC is free and can be obtained from www.ehic.org.uk or by contacting 0300 330 1350.

EHIC Expiry Date:

INSURANCE Comprehensive travel insurance (available for UK residents only) is essential, please tick the appropriate box if you require ours, if you are **not** taking our insurance, please provide your own insurance details in the space provided below.

Do you require our Insurance? Yes No

Insurers	Policy number	Insurer's emergency number
<input type="text"/>	<input type="text"/>	<input type="text"/>

If Yes, the premium needs to be paid with the deposit so that the policy can be issued

VISA • Please ensure that you have applied for a VISA if one is required for your trip.

Flights from Edinburgh direct to Lourdes. Pilgrimage options: please tick your relevant choices

My choice is:	Single room supplement
Please tick	(please tick if required)
Beau Site <input type="checkbox"/> £805	<input type="checkbox"/> £203
Mediterranee <input type="checkbox"/> £825	<input type="checkbox"/> £203
Alba* <input type="checkbox"/> £825	<input type="checkbox"/> £203
Eliseo <input type="checkbox"/> £875	<input type="checkbox"/> £231
Padoue <input type="checkbox"/> £875	<input type="checkbox"/> £231

*The hotel Alba is reserved for pilgrims requiring assistance and who are approved by the pilgrimage organisers.

If you are travelling alone and do not wish to incur the single room supplement please state if you are willing to share with another pilgrim of the same gender and similar age. If we cannot accommodate you in a shared room, we will accommodate you in a single room and charge the single room supplement.

If travelling with friends or family and you do wish to share, please indicate with whom you would like to share a room:

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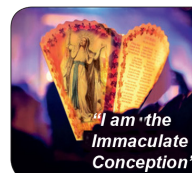
Please tick your room type:

Twin Double
Triple Quadruple

SICK PILGRIMS (Hotel Alba) should apply for special forms from:

The Pilgrimage Secretary
Miss Mairi-Fiona Mackay,
112 Swinton Crescent,
Baillieston,
GLASGOW G6g 6AT

Tel: 0141 771 2437
Email: motherwell@tangney-tours.com



Lourdes
2020

"I am the Immaculate Conception" - Lourdes Pastoral theme 2020

Please answer the following which will assist us in providing you with the best possible support during your pilgrimage:

- X** We welcome everyone on our pilgrimage, however, please note that if you need assistance and are not staying in the hotel Alba, you must bring your own helper/carer.
- X** Wheelchairs are available, or can be hired, in Lourdes when requested in advance.

i) Do you intend to bring your own mobility aid? Yes <input type="checkbox"/> No <input type="checkbox"/> - If yes, please provide the make and model of any powered or non-collapsible mobility aids. <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	Any other comments on mobility: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
ii) Do you require a wheelchair at the airport? Yes <input type="checkbox"/> No <input type="checkbox"/>	
iii) Do you require a wheelchair at destination? Yes <input type="checkbox"/> No <input type="checkbox"/>	
iv) Can you walk up 5 steps? Yes <input type="checkbox"/> No <input type="checkbox"/>	
v) Do you require a wheelchair from the aircraft door, coach entrance or platform to your seat? Yes <input type="checkbox"/> No <input type="checkbox"/>	
vi) Do you require a room specially adapted for disabled pilgrims? Yes <input type="checkbox"/> No <input type="checkbox"/>	
vii) Are you travelling with someone that will assist you with your mobility requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Dietary Requirements: Please provide any special requirements that you may have i.e.: vegetarian, gluten free, cant eat fish etc.. Please note, it may not always be possible for these to be available.

Any other important information should be notified to Tangney Tours in advance.

X PLEASE COMPLETE I have read and agree that the individuals on this form accept the Terms & Conditions of booking, as well as the Privacy Policy. (A copy of the these are available on our website or can be sent to on request).

Name: Signature:

Your pilgrimage place is secured with a deposit of £150 per person. Travel insurance (if required) is £35 per person. Any bookings made after 24th of April will require full payment. Full balances are required 10 weeks before departure.

We only accept payment by: **Bank Transfer** (details on request), **Cheque** (made payable to "Tangney Tours Ltd") and **Debit Card**. **Please do not send cash.**

To book your place, are you paying: Deposit Deposit & Insurance Full payment Other: £

Payment details: Tour cost £ Travel insurance (if required) £ Total £

Please indicate your method of payment: cheque Bank transfer (please contact us) Debit card details

				The 3 digit security code on the back of the card:	
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Card Start Date: Card Expiry Date:

X PLEASE COMPLETE Once your booking is processed an invoice will be sent to you. Any balance payment required will be as per the terms detailed therein.

Name: Signature: Date:
as per card