TANGNEY TOURS

63rd Middlesbrough Diocesan Pilgrimage to Lourdes, 27th May - 3rd June 2016

ABTA No.Y5280

www.tangney-tours.com - t: (UK) 01732 886666

Please complete this form in BLOCK CAPITALS

Title: (Mr/Mrs/Miss/Fr) ..... First Name: ..... Surname: .....
As per passport — As per passport

Address: .....

Post Code: ..... E-mail: .....

Tel: (home) ..... Tel: (mobile) .....

Passport Information (if known, or please advise at least 28 days prior to departure)

Date of Birth: dd / mm / yyyy Passport No: ..... Nationality: .....

Place of Birth: ..... Country of Issue: .....

Passport Issue Date: dd / mm / yyyy Passport Expiry Date: dd / mm / yyyy Wheelchair user Yes ☐ No ☐ Gender M ☐ F ☐
Please see overleaf

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

Please provide us with a nominated person to contact in the event of an emergency whilst you are abroad.

Name: ..... Telephone: .....

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. EHIC is free and can be obtained from www.ehic.org.uk or by contacting 0300 330 1350. Please note that the EHIC is **not** a substitute for travel insurance.

EHIC Expiry Date: dd / mm / yyyy

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 ours, 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*

VISA

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

Pilgrimage options and costs per person: *please tick your relevant choices*

My choice of hotel is: Please tick			Optional single room charge *Please tick if required*
Beau Site ☐ £649	St George ☐ £649		☐ £168
Notre Dame de France	☐ £649		☐ £168
Meditrranee	☐ £670		☐ £210
Padoue ☐ £719	Roissy ☐ £719		☐ £200
Eliseo	☐ £719		☐ £200
Solitude ☐ £743	St Sauveur ☐ £743		☐ £200
Moderne	☐ £758		☐ £265

For ASSISTED pilgrims requiring accommodation in the Accueil, please contact the Pilgrimage office on 01642 760 105.

The closing date for Accueil applications is 31st January 2016.

Flight Only (with transfer) ☐ £399 **Please state your transfer destination:** .....

For shared accommodation, please tick your room type: **Twin** ☐ **Double** ☐ **Triple** ☐

If you are travelling alone and do not wish to incur the single room supplement please ***tick the box*** indicating that you are willing to share with another pilgrim of the same gender and similar age. If we are unable to do this, we will accommodate you in a single room and reserve the right to make an additional charge of up to the quoted 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 with:

.....

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

.....

Notes and Payment

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

IMPORTANT NOTE: We welcome all people on our pilgrimages. However, please note that if you need assistance you may need to bring your own helper/carer. Wheelchairs are available in Lourdes when requested in advance. Please contact us to see if wheelchairs are available at other destinations. Electric wheelchairs/scooters are welcome on our flights free of charge (Please provide the **make and model** of your mobility aide). Please contact us with regards to taking your mobility aids before you book (if not advised at the time of booking, we cannot guarantee that airlines will accept them at a later date).

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/scooter?	Yes ☐	No ☐
- If Yes, is it a powered mobility aid? **(Please provide the make and model of your mobility aid opposite)**	Yes ☐	No ☐
- If No, do you require a wheelchair at the airport?	Yes ☐	No ☐
- Do you require a wheelchair in Lourdes during your stay?	Yes ☐	No ☐
iv) Can you board a coach unaided?	Yes ☐	No ☐
v) Can you walk from the aircraft door, coach entrance or platform to the seat unaided?	Yes ☐	No ☐
- If No, is your travelling companion able to help you?	Yes ☐	No ☐
vi) If unable to use a bath, do you require a shower?	Yes ☐	No ☐

Any other comments on mobility:

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Please specify below: Any information or special requirements you may have in order for us to assist in providing you with your pilgrimage. This may be **dietary requirements** (i.e.: vegetarian / gluten free etc... / will eat fish etc…although it may not be possible to provide special food whilst travelling) or **other requirements**. Please also provide the make and model of your electric mobility aid if you have one.

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

PAYMENT

✗ PLEASE COMPLETE

I have read and agreed for persons on this form to accept the Booking Conditions.
(A copy of the booking conditions is available in the Tangney Tours Brochure and on the website, a copy can be sent to you on request).

Name: ..... Signature: .....

I enclose my payment, being the deposit of £100 per person plus £29 insurance premium (if required) £ .....

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

or

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 2.5% processing charge. American Express and foreign cards incur a 3% processing charge. For Debit cards there is no charge.

Card Start Date: ..... Card Expiry Date: .....

The 3 digit security code shown on the back of your card:
For AMEX the 4 digit security code is shown on the front of your card: ☐☐☐☐

VISA MasterCard AMERICAN EXPRESS

✗ I authorise the balance to be debited from my account 8 weeks prior to departure **YES / NO**, please circle as appropriate.

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