

BOOKING FORM

In order to be guaranteed a place on this trip a completed booking form and deposit should be sent to Marian Pilgrimages

MARIAN PILGRIMAGES

19 Eden Quay Dublin 1

Phone(01) 878 8159 Fax(01) 873 0816

THIS FORM IS NOT VALID UNLESS IT IS COMPLETED FULLY AND SIGNED

CAMINO DE SANTIAGO

FRIENDS OF THE COOMBE

Departure Date	No. of Nights	Destination	Departure Airport	Hotel	
7 TH SEPT 2010	7	SPAIN	DUBLIN		
Type of Room:	Double Room <input type="checkbox"/>	Shared Basis <input type="checkbox"/>	Treble Room <input type="checkbox"/>	Twin Room <input type="checkbox"/>	Single Room <input type="checkbox"/>

Mr/Mrs Miss	Name as per Passport	Date of Birth	Address	Passport	
				no	Expiry

**PLEASE ENSURE THAT ALL NAMES ENTERED ON THIS FORM ARE AS PER YOUR PASSPORT(S).
ERRORS MAY LEAD TO AN AMENDMENT FEE ONCE TICKETS HAVE BEEN ISSUED.**

SPECIAL DIET If required, please write to us with details and we will advise hotels

INVALID PASSENGERS Lourdes/Fatima only.

To enable us to make the appropriate arrangements, please complete the following

I will be accompanied by a friend/relative who will be responsible

for conveying me by wheelchair when necessary _____

I will take my own wheelchair _____

I am not able to walk up and down the aircraft steps unaided _____

I will require the use of a wheelchair _____

It is essential that clients hold a valid Passport and Visa where required. All clients must obtain a European Health Insurance Card (EHIC) when travelling to any EU country, it is part of your insurance conditions. All Pilgrims must disclose details of any pre-existing medical condition, non-disclosure may effect policy. If you have received hospital in-patient or out-patient within the 12 months prior to booking this trip you must obtain a medical certificate that you are fit to undertake this trip, that your condition is stable and that no exacerbation of the condition is expected. This must be obtained prior to acceptance of insurance. Please read your insurance certificate carefully paying particular attention to the medical warranty if for any reason the policy is unsuitable for you or you cannot comply with the warranty a full refund of the premium will be available to you.

INSURANCE

Are you taking Marian Pilgrimages Insurance? Yes _____ No _____

If Yes, Please Complete the enclosed Medical Questionnaire and return it to the Insurance Company where necessary

I have completed Medical Questionnaire and returned it to Insurance Company. Yes _____ No _____

If no, complete the following: Name of Insurance Company _____

Name of Loss Adjuster _____

24 Hour Emergency Contact for Loss Adjuster _____

I have taken a policy giving comparable cover or more than that offered by Marian Pilgrimages. I attach a copy of the policy document for the alternative policy.

Signature _____ (Client) Date _____

TO BE COMPLETED BY THE CLIENT

I agree that my signature on this booking form constitutes my agreement and the agreement of the persons named on the booking form to be bound by the conditions and I hereby confirm that my attention has been drawn to the said conditions herein contained. I have read and understood the conditions brought to my attention herein, and in particular, I accept the limitations of liability of the organiser contained in clause 13. I agree that any dispute which arises or occurs in relation to any thing or matter arising out of or in connection with this contract shall be referred to arbitration under the arbitration rules of the Chartered Institute of Arbitrators - Irish Branch - under clause 12 herein. Alternatively, I agree to refer any claims for less than €1270 per booking form to the Small Claims Court. I warrant and represent that all of the information provided by me is true and accurate and that I have been authorised by all persons named on this booking form as Consumers to execute this agreement on their behalf and accordingly I sign my name both as their agent and on my own behalf.

Enclosed is remittance of € _____ being €100 on-refundable deposit per person which includes insurance premium. If an alternative policy has been arranged the above deposit is payable in full.

There is a 2% fee on balances after deposit paid, when paying by credit card. There is no fee on deposit.

There is no fee for Laser card payments.

Signature _____ (Client) Date _____