

DIOCESE OF WESTMINER - PILGRIMAGE TO THE HOLY LAND

Led by: Bishop John Sherrington and Fr John Farrell OP Sunday 19 - Monday 27 November 2023

Please complete this form in BLOCK CAPITALS and using your details as per passport, if not a charge could be incurred for any amendments



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	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:					
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	Date of Birth: dd/mm/yyyy Nationality: Passport No					
	Passport Expiry Date: dd/mm / yyyy Country of Issue:	All passports must have 6 months validity from the date of return. Passports expire after				
	It is essential for you to provide us with the details of an emergency contact whilst abroad:	5 or 10 years from issue date.				
	Name: Telephone:					
	To receive future pilgrimage information, please tick the following: By e-mail By Post We will never share your information with a third party.					
	Title: (Mr/Mrs/Other) First Name: Surname:					
	Name badges may be provided, please advise how you wish to be known:					
	Address:					
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To receive future pilgrimage information, please tick the following: By e-mail By Post We will never share your information						
	EHIC / GHIC Health Insurance Card Covid-19 - Are yo	ou vaccinated ?				
	Please ensure that you have a valid EHIC or GHIC. They are free and can be obtained from www.nhs.org.uk These are not substitutes for travel insurance. Passenger 1: Yes	☐ No ☐				
	Passenger 1 Card Expiry Date: dd mm / yyyy	☐ No ☐				
ation	Passenger 2 Card Expiry Date: For more details on current fore www.gov.uk/foreig					
Important information	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.					
tant	Do you require our Insurance ? Insurers Policy number	Insurer's emergency number				
npol	Passenger 1 Yes No Passenger 1					
므	Passenger 2 Yes No Passenger 2					
	VISA • Please ensure that you have applied for a VISA if one is required for your tour.					
	Pilgrimage Cost: Fully Inclusive Package Price: £2265 per person based on min 50 paying passengers inc Flights with BA from London Heathrow to Tel Aviv - Single Rooms £682 pp - Travel Insurance £99 pp					
<u>s</u>	Accommodation: 3 nts half board Tiberias / 3 nts half board Jerusalem / 2 nts half board Bethlehem					
etai	Full services of local guide, coaching as per itineary, all entrance fees, all lunches, tips to guide, driver and					
ge d	restaurant staff, porterage at hotels, headsets for each person. Optional Extras:					
Pilgrimage details	Please tick your room type: Twin Double Single Triple Family (not all room types are available at all destinations)					
Pilgi	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, please indicate with whom you would like to share a room:					
	and the state of t					

				the pligrim's choice		
X X X	Please answer the following which will assist us in providing you with the best possible support during your pilgrimage: If you need assistance for any reason, you must bring your own helper or carer. Certain destinations may not be recommended for passengers of reduced mobility. Please contact us for further information. Electric mobility aids can be accommodated on our transportation, subject to approval and confirmation at the time of booking. If we are not advised at the time of booking we cannot guarantee acceptance. Please ensure you fully complete question i) below					
	Passenger 1:		Passenger 2	,		
i)	Do you intend to bring your own mobility aid?	Yes No	i) Do you intend to bring your own mobility aid?	Yes No		
	- If yes, please provide the make, model and dimension (inc any powered or non-collapsible mobility aids .		- If yes, please provide the make, model and dimension (including weight) of any powered or non-collapsible mobility aids .			
ii)	Do you require a wheelchair at the airport?	Yes No	ii) Do you require a wheelchair at the airport?	Yes No		
iii)	Do you require a wheelchair at destination?	Yes No	iii) Do you require a wheelchair at destination?	Yes No		
iv)	Can you walk up 5 steps?	Yes No	iv) Can you walk up 5 steps?	Yes No		
v)	Do you require a wheelchair from the aircraft door, coach entrance or platform to your seat?	Yes No	Do you require a wheelchair from the aircraft door, coach entrance or platform to your seat?	Yes No		
vi)	Do you require a room specially adapted for disabled pilgrims?	Yes No	vi) Do you require a room specially adapted for disabled pilgrims?	Yes No		
vii	Are you travelling with someone that will assist you with your mobility requirements?	Yes No	vii)Are you travelling with someone that will assist you with your mobility requirements?	Yes No No		
Confirmation of your booking will be sent to you by email. Please check your junk folder for confirmations. Final travel documentation pack will be sent out by post two weeks prior to departure. PLEASE COMPLETE I have read and agree that the individuals on this form accept the Terms & Conditions of booking, as well as the Tangney Tours Privacy Policy. (A copy of these is available on our website or can be sent on request).						
Name:Signature:						
aym	ent Information: Deposit £450 per person plus i	nsurance premiu	m of £99 (if required)			
	nly accept payment by: Bank Transfer (details on e do not send cash.	request), Cheque	(made payable to "Tangney Tours Ltd") and Debit C	ard.		
o bo	ok your place, are you paying: Deposit	Deposit & Ins	urance 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:			
Card Start Date: Card Expiry Date:						
PLEASE Once your booking is processed a confirmation will be sent to you by email. Balance payment details will be detailed therein. COMPLETE						
ame:		gnature:	Date:			
	as per card					



