

Please complete this form using your passport details and in BLOCK CAPITALS

Passenger 1

Title: (Mr/Mrs/Miss/Fr)..... 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:

Passenger 2

Title: (Mr/Mrs/Miss/Fr)..... 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:

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. Please note that the EHIC is not required for the Holy Land and is not a substitute for travel insurance.

Passenger 1 EHIC Expiry Date: Passenger 2 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 ?

Passenger 1 Yes No

Passenger 2 Yes No

Insurers

Policy number

Insurer's emergency number

Passenger 1

Passenger 2

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

Pilgrimage details

Pilgrimage Destination / Description:

Please book places Departure Date: Number of Nights:

Choice of Hotel: where applicable Alternative Hotel: where applicable

Please tick your room type: Twin Double Single Triple Family (not all room types are available at all destinations)

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:

Choice of Departure Airport (where applicable):

