



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

Passenger 1

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 Expiry Date: Country of Issue:

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

All passports must have 6 months validity from the date of return. Passports expire after 5 or 10 years from issue date.

Passenger 2

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 Expiry Date: Country of Issue:

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

All passports must have 6 months validity from the date of return. Passports expire after 5 or 10 years from issue date.

Important information

EHIC / GHIC Health Insurance Card
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 Card Expiry Date:

Passenger 2 Card Expiry Date:

Covid-19 - Are you vaccinated ?
Passenger 1: Yes No
Passenger 2: Yes No

For more details on current foreign travel advice please visit:
www.gov.uk/foreign-travel-advice

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 ? | | Insurers | Policy number | Insurer's emergency number |
|--------------------------------|--|-------------|---------------|----------------------------|
| Passenger 1 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Passenger 1 | | |
| Passenger 2 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Passenger 2 | | |

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

Pilgrimage details

Pilgrimage Cost: Full package price £750 (based on sharing a room) inc return flights from London to Lisbon
Single rooms £100 pp/Travel Insurance £45pp **CLOSING DATE FOR BOOKING: 25 MARCH 2023**

Accommodation: 6 nts full board accommodation at Casa N S Dores

This Pilgrimage is run as a spiritual Pilgrimage in the Fatima spirit with daily Mass and the Rosary. It involves some walking and early morning rising some days. Those wishing to book need to be prepared for this and to follow the group. If in doubt please consult the organisers before booking.

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:
.....

Mobility Information

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

- X** If you need assistance for any reason, you must bring your own helper or carer.
- X** Certain destinations may not be recommended for passengers of reduced mobility. Please contact us for further information.
- X** **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 <input type="checkbox"/> No <input type="checkbox"/> - If yes, please provide the make, model and dimension (including weight) of any powered or non-collapsible mobility aids . <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> | i) Do you intend to bring your own mobility aid? Yes <input type="checkbox"/> No <input type="checkbox"/> - If yes, please provide the make, model and dimension (including weight) of any powered or non-collapsible mobility aids . <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> |
| ii) Do you require a wheelchair at the airport? Yes <input type="checkbox"/> No <input type="checkbox"/> | 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"/> | 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"/> | 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"/> | 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"/> | 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"/> | 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, can't eat fish etc... Please note, it may not always be possible for these to be available.

| |
|-------------|
| Passenger 1 |
| Passenger 2 |

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.

X 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:

Payment Information: £250 deposit on booking plus travel insurance premium if required - balance due 10 weeks prior to travel

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:

Card Start Date: Card Expiry Date:

X PLEASE COMPLETE

Once your booking is processed a confirmation will be sent to you by email. Balance payment details will be detailed therein.

Name: Signature: Date:
as per card