



## BOOKING FORM - Adriatic Travel Limited t/a Marian Pilgrimages

### Booking Details

Date of Departure	Departure Airport	Destination	Hotel	Group Leader	Duration (nights)

### Passenger Details

(Details below **MUST** match those on **passports**, passengers should hold a valid passport & visa where required)

**Room types:** Please circle the desired room type for each Passenger below. **TW** (Twin Room) **DB** (Double Room) **SI** (Single Room) **TR** (Triple Room) **Single Rooms incur an additional supplement and are subject to availability.**

Title	First Name (Middle names not Required)	Surname Name	Date of Birth	Requires Insurance	Room Type
				Yes <input type="checkbox"/> No <input type="checkbox"/>	TW DB SI TR
				Yes <input type="checkbox"/> No <input type="checkbox"/>	TW DB SI TR
				Yes <input type="checkbox"/> No <input type="checkbox"/>	TW DB SI TR
				Yes <input type="checkbox"/> No <input type="checkbox"/>	TW DB SI TR
				Yes <input type="checkbox"/> No <input type="checkbox"/>	TW DB SI TR

Willing to share room:  Name of person (if known): \_\_\_\_\_

**Special Requests** (Wheelchair assistance, Diet Needs etc.) *Not all requests can be taken as confirmed. Please indicate which passenger each request refers to.*

### Lead Passenger Details

(of the first Named passenger above to whom all correspondence will be sent)

<b>Address</b>	
house number & street	
town	
city & county	
post code	country
<b>Mobile Phone:</b>	
<b>Phone:</b>	
<b>Email:</b>	

### Payment Details

(This Booking Form must be accompanied by a non-refundable deposit of €100 per person £80 for UK departures)

Deposits	x _____ passengers =	€ _____
Full Payments	x _____ passengers =	€ _____
Total enclosed	€ _____ cheque <input type="checkbox"/>	credit/debit card <input type="checkbox"/>

### Card Details

(A 2% charge on Full Payments made by Credit Cards will be incurred, **no charge applies to DEBIT CARD payments**)

Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Visa Debit <input type="checkbox"/> Laser <input type="checkbox"/>
Card Holder Name: _____
Card Number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Exp Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CVV <input type="text"/> <input type="text"/> last 3 digits back of card

### Pilgrim Insurance

**It is a condition of booking that all clients are covered by a comprehensive insurance policy.**

**An Insurance premium is included in the total cost of your pilgrimage.** Those availing of the Pilgrim Insurance arranged by Marian Pilgrimages must fill out a medical questionnaire which will accompany your confirmation Invoice / email after receipt of booking form and deposits.

**If Insurance declined:** please insert below the details of a comparable or better insurance policy held by you.

**Name of Insurer:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

### To be completed by the Client

I am 18 years old or over and 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 terms and conditions set down in this booking form and I hereby confirm that my attention has been drawn to the said terms and conditions herein contained together with the terms of the Organisers travel Insurance scheme (where the same has been availed of by me)

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. I understand that it is a condition of this booking that **all persons named in this form are covered by travel insurance of at least equivalent standard to that arranged by the Organiser.** If I/we do not take the Organiser's insurance, I/we agree to indemnify the Organiser for any costs that arise which would otherwise have been met had the Organiser's insurance been taken.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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