

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](http://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 ?		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 trip.

Pilgrimage details

World Apostolate of Fatima - contact details: Canon Jason Jones - email: [corjesutreforys@yahoo.com](mailto:corjesutreforys@yahoo.com)  
 Package Price: £632 per person based on 2 people sharing twin room - 6 nights stay Hotel Domus Pacis - Half Board.  
 Single Room Supplement £120 per person Travel Insurance: £33 per person  
 Package include return flights with Air Portugal from London Heathrow Terminal 2  
 Check in 10th - 09.20 hours (11.20 hours flt departure) / Inbound flight returns to Heathrow T2 at 18.50 hours) Also included: 1 x half day excursion to Stations of Cross & Village of Aljustrel and Half day excursion to Coimbra.

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

If travelling with friends or family, please indicate with whom you would like to share a room:

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.

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 flights, subject to confirmation at the time of booking. If we are not advised at the time of booking we cannot guarantee that airlines will accept them at a later date.

Passenger 1:		Passenger 2	
i) Do you intend to bring your own mobility aid? - If yes, please provide the make and model of any powered or non-collapsible mobility aids.	Yes <input type="checkbox"/> No <input type="checkbox"/>	i) Do you intend to bring your own mobility aid? - If yes, please provide the make and model of any powered or non-collapsible mobility aids.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>		<input type="text"/>	
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, cant eat fish etc.. Please note, it may not always be possible for these to be available.

Passenger 1
Passenger 2

Any other important information should be notified to Tangney Tours in advance.

**X PLEASE COMPLETE** I have read and agree that the individuals on this form accept the Terms & Conditions of booking, as well as the Privacy Policy. (A copy of these are available on our website or can be sent to on request).

Name: ..... Signature: .....

**Payment Information:** £200 deposit per person plus insurance premium if required)  
Booking forms to be returned to Tangney Tours

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.

Payment details: **Tour cost** £ ..... **Travel insurance (if required)** £ ..... **Total** £ .....

Please indicate your method of payment: cheque  Bank transfer (please contact us)  Debit card details

<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"/>
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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 an invoice will be sent to you. Any balance payment required will be as per the terms detailed therein.  
Bookings received within 10 to 8 weeks prior to departure will require full payment.

Name: ..... Signature: ..... Date: .....  
as per card