

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

Title: (Mr/Mrs/Miss/Fr)..... First Name: ..... Surname: .....

Name badges may be provided, please advise how you wish to be known: .....

Address: .....

**Passenger 1**

Post Code: ..... E-mail: .....

Tel: (home) ..... Tel: (mobile) .....

Date of Birth:  Nationality: ..... Passport No: .....

Passport Issue Date:  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: .....

Title: (Mr/Mrs/Miss/Fr)..... First Name: ..... Surname: .....

Name badges may be provided, please advise how you wish to be known: .....

Address: .....

**Passenger 2**

Post Code: ..... E-mail: .....

Tel: (home) ..... Tel: (mobile) .....

Date of Birth:  Nationality: ..... Passport No: .....

Passport Issue Date:  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: .....

**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 ?

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: ..... Alternative Hotel: .....  
where applicable 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): .....

# Mobility Information

www.tangney-tours.com - t: 01732 886666



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

- X** We welcome everyone on our pilgrimages, however, please note that if you need assistance you must bring your own helper/carer.
- X** Wheelchairs are available in Lourdes when requested in advance. Please contact us to see if wheelchairs are available at other destinations.
- X** Electric mobility aids are welcome on our flights, subject to confirmation.  
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? Yes <input type="checkbox"/> No <input type="checkbox"/> - If yes, please provide the make and model 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 and model 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, 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 Booking Conditions. (A copy of the booking conditions is available in the Tangney Tours brochure and on our website. A copy can be sent to you on request).

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

Payments by cheque should be made payable to 'Tangney Tours Ltd'. (Please do not send cash, we can accept payment by online bank transfer, please contact us for details).

Non-refundable deposit payments: Lourdes or Lisieux: £100. The Holy Land: £300. All other destinations: £200 (unless otherwise advised).

I enclose my payment (being the deposit as shown above per person & insurance premium per person). of £ .....

I would like to pay by Credit Card  Debit Card  Please debit my Credit / Debit card for the amount of £ .....

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Note: Credit card payments incur a 2.5% processing charge. American Express and foreign cards incur a 3% processing charge. For Debit cards there is no charge.

Card Start Date: ..... Card Expiry Date: .....

The 3 digit security code shown on the back of your card:  
For AMEX the 4 digit security code is shown on the front of your card:

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**X PLEASE COMPLETE** I authorise the balance to be debited from my account 8 weeks prior to departure YES / NO, please circle as appropriate. Bookings received within 8 weeks of departure will be liable for full payment.

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