

# HOLY LAND PILGRIMAGE

## October 11-22, 2015

### Father Paul Morris & Father Craig Cameron

#### REGISTRATION FORM-**Double Room**

Please print clearly and mail or deliver to the address below. Please complete and sign where indicated.

Admin only

FILE # \_\_\_\_\_

#### Part A. Documentation (NAME **EXACTLY** AS IT APPEARS ON PASSPORT) Please Print Clearly :

Passenger Name \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MR./MRS./MISS (CIRCLE ONE) Birth date/month/year/ age

Canadian Passport #. \_\_\_\_\_ Exp DATE. \_\_\_\_\_

**NOTE: Passport REQUIRES 6 MONTHS VALIDY AFTER RETURN DATE-April 22, 2015**

What first name do you like to be called by? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone Home \_\_\_\_\_ Email \_\_\_\_\_

Number of Passengers: 2 Double \$5399 per person  
Please indicate Bed type: Twin Bed \_\_\_\_\_ or Double Bed \_\_\_\_\_

I will be sharing a room with: \_\_\_\_\_

#### Part B. Payments made by post-dated checks

**IMPT:** the prices quoted are based on a minimum of 30 passengers. If that minimum for some reason is not reached, the group's departure is not guaranteed at this price. In that event all monies are fully refundable less \$150 per person admin fee.

After each progressive payment all amounts are fully non- refundable in case you cancel.

Deposit of CAD\$800.00 per person is required at time of booking, and submitted with application. Your deposit is fully non-refundable in case of your cancellation unless insured.

Please make insurance premium out separately. Sorry credit cards are not accepted.

Post-dated cheques are required for the balance, and submitted with this application.

All funds are in Canadian dollars.

- Deposit \$800 at time of booking for double/twin room CK # \_\_\_\_\_
- First payment \$1500 ---April 1, 2015 CK # \_\_\_\_\_  
+ Cancellation insurance premium if requested Amount:\$ \_\_\_\_\_ CK # \_\_\_\_\_
- Second Payment \$1500---June 1, 2015 CK # \_\_\_\_\_
- Third payment \$1500. --- July 1, 2015 CK# \_\_\_\_\_
- Final Payment \$99.00 --- August 1, 2015 CK # \_\_\_\_\_

Airport taxes and fuel surcharges are included and are subject to change any time prior to departure and may increase the cost of your trip.

**Please indicate departure city of preference** Halifax or \_\_\_\_\_

There are limited seats available from each city and will be assigned with receipt of deposit.

Date of Issue March 28, 2015

1

**Please complete page #2**

**Part C.**

Travel Insurance is strongly recommended. It is important to have out of province medical as well as cancellation and interruption insurance. Insurance rate is based on age, duration and cost of trip.

Please inquire if you have any questions or want a premium quoted.

All information is required and must be completed in order to quote insurance premium.

**No I do not want to purchase**-cancellation insurance and decline this offer by signing below.

**X** \_\_\_\_\_ **Signature Required if declining insurance**

I decline all travel insurance and understand that the cost of my trip is 100% non refundable and there is no recourse to the organizers of this trip in the event of your cancellation.

• **Note: each person declining the insurance requires a separate signature.**

All cheques and payments are to be made payable to Private Label Travel & Tours Ltd. and mailed to

**Private Label Travel & Tours Ltd.**

**C/O The UPS Store,**

**Suite 235**

**1083 Queen St Halifax, Nova Scotia, B3H 0B2**

I have read and fully understand all the above terms and conditions.

**X** \_\_\_\_\_ **Signature**

**HolyLand Pilgrimage October 11-22, 2015 Terms and Conditions**

**Date of issue March 28, 2015**

**Complete information is available on our web site at [www.privatelabeltravel.ca](http://www.privatelabeltravel.ca) or call (902) 482-2275**

More questions, don't stop there:

**In the event of an emergency please contact.**

Name: \_\_\_\_\_

Phone number (s) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Ministry:** Are you currently an active member in one of the following parish ministries? (Word/Music/Eucharist)

Please specify \_\_\_\_\_

**Parish Name:** \_\_\_\_\_

**City:** \_\_\_\_\_

I certify that I have no medical or physical condition that will require extra assistance of the tour escorts.\* Any additional cost/expenses incurred for unforeseen special care will be the responsibility of the individual.

**X** \_\_\_\_\_ **Signature**

\*If you have questions or need clarification, please feel free to call.

Date of Issue March 28, 2015

2

Date of Issue March 28, 2015

