## **HOLY LAND PILGRIMAGE**

### October 11-22, 2015 Father Paul Morris & Father Eric Cameron

### **REGISTRATION FORM-Single Room**

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

Admin only	
FILE #	

Part A. Documentation (NAME <u>EXACTLY</u> AS IT APPEARS ON PASSPORT)

<u>Please Print Clearly:</u>

Passenger Name	///
MR./MRS./MISS (CIRCLE ONE)	Birth date/month/year/ age
Canadian Passport #	Exp DATE
NOTE: Passport REQUIRES 6 MONTH	S VALIDY AFTER RETURN DATE-April 22, 2015
What first name do you like to be called	d by?
Address	City
Postal Code Phone Home	Email
Number of Passengers:1 Please indicate Bed type: Double Bed	Double <u>\$6799 per person</u> 1
departure is not guaranteed at this price. In that After each progressive payment all amounts are Deposit of CAD\$799.00 per person is required at deposit is fully non-refundable in case of your car Please make insurance premium out separately.  Post-dated cheques are required for All funds a Deposit \$799 at time of booking First payment \$1500April 1,	time of booking, and submitted with application. Your incellation unless insured.  Sorry credit cards are not accepted. the balance, and submitted with this application. re in Canadian dollars. g for single room CK # CM # CK #
Airport taxes and fuel surcharges are included a may increase the cost of your trip  Please indicate departure city of preference There are limited seats available from each city of preference are limited.	

Please complete page #2

Date of Issue March 28, 2015



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#### 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.

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 .

• • •

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 2, 2015

Complete information is available on our web site at <a href="https://www.privatelabeltravel.ca">www.privatelabeltravel.ca</a> 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 <u>extra assistance</u> 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.

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