

BOOKING FORM – KILLALOE PILGRIMAGE



Tour organizers: **Cultural Connections Ltd**
In association with **Tom Mannion Travel** T.A. 0178 IATA, ITAA

PILGRIMAGE TO ROME APRIL 23rd – 30th 2014

*Cultural Connections
Ltd
Newtown, Rahan, Tullamore,
Co. Offaly, Ireland
grouptravel@libero.it*

**RETURN BOOKING FORM AND DEPOSIT TO: Cultural Connections Ltd,
Newtown, Rahan, Tullamore, Co. Offaly.**

Passenger 1	Passenger 2	Passenger 3
Last Name AS ON PASSPORT	Last Name AS ON PASSPORT	Last Name AS ON PASSPORT
First Name <u>AS ON PASSPORT</u>	First Name <u>AS ON PASSPORT</u>	First Name <u>AS ON PASSPORT</u>
Preferred Name:	Preferred Name:	Preferred Name:
Date of birth *	Date of birth*	Date of birth*
Ph. (Home):	Ph. (Home):	Ph. (Home):
Ph. (Work):	Ph. (Work):	Ph. (Work):
Mobile:	Mobile:	Mobile:
Full postal address: (including BT number if from NI)	Note: We only need one address per booking form. This is the address we are going to use to send you receipts, updates, and tickets of all passengers listed on this booking form.	

Room required

- ☐ double room – 1 double bed
- ☐ twin room - 2 single beds
- ☐ triple room - 3 single beds
- ☐ single room – 1 single bed - single room supplement applies
- ☐ I will need a roommate.

My roommate(s) will be _____

Are you on any medical diet? (vegetarian, celiac, allergic to shell fish, etc.)

Do you use a wheelchair? _____

Please note that most coaches in Italy are not wheelchair accessible. If you are 100% dependant on a wheelchair then this trip may not be suitable. If you need a wheelchair occasionally, you will need to take your own and have a helper to assist you during your stay.

Booking your place: All payments (cheques, bank draft or P.O) MUST be made out to TOM MANNION TRAVEL. Payments must be made in EURO. We don't accept payments by credit card, but can accept debit card payments over the phone.

Enclosed is my/our € _____ DEPOSIT (€ 300 per person).

Please reserve _____ seat(s).

Enclosed is my € _____ single supplement (if applicable, €420 for the week).

The single supplement must be paid at the time of booking to secure a single room

Enclosed is my/our € _____ insurance premium (if required, €35 per person).

If you require insurance, you must sign and return the declaration printed overleaf.

Please cover with insurance: Name _____ Name _____ Name _____

I (**Passenger 1**) have read the Terms & Conditions. I am over 18 years of age.

Signed _____ Date _____