

**PASSENGER RESERVATION FORM / CONTRACT**



**Mail to:** **The Catholic Tour**  
**21625 Chagrin Blvd. #210**  
**Beachwood, OH 44122**

**Tel: (216) 751-8301**  
**Toll Free: 877-MARIAN TOUR, that's 877-627-4268**  
**Fax: (216) 751-9911**

ENCLOSED IS MY (OUR) DEPOSIT CHECK OF \$489.00 PER PERSON. (\$300 deposit on trip; \$189 for OPTIONAL, NON-REFUNDABLE, travel insurance - or \$539.00 for tours \$3,001 or more.\*\*)  
**Payable to: The Catholic Tour**  
**Promoter: Deacon John Hunt**      **Name of Trip: The Holy Land**      **Date of Trip: April 21 - 28, 2013**

**I (we) want Rome/Assisi Extension (April 28 – May 2, 2013)**

**PILGRIM INFORMATION:** Please print. **Include a copy of the picture page of your Passport(s).**

1 \_\_\_\_\_ 2 \_\_\_\_\_  
Name(s) as it/they appear on your passport(s)  
Address City State Zip: \_\_\_\_\_ Apt. # \_\_\_\_\_

U.S. Passport #s: \_\_\_\_\_  I (we) am (are) buying the Land Only Package  
(No Air Included)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**ROOM ASSIGNMENT INFORMATION:**

Single Room \* (supplement cost as per itinerary): YES \_\_\_\_\_ NO \_\_\_\_\_ I need a roommate \_\_\_\_\_  
(Check)

Double Room: YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, name of roommate: \_\_\_\_\_

Smoker: YES \_\_\_\_\_ NO \_\_\_\_\_ Date Of Birth: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Male or Female: M \_\_\_\_\_ F \_\_\_\_\_ Special Diet: \_\_\_\_\_

Handicap information: \_\_\_\_\_

**TRAVEL INSURANCE:**

Travel Insurance (recommended) YES \_\_\_\_\_ NO \_\_\_\_\_ (If No, sign below.)

I hereby decline travel insurance and I understand that I am assuming any financial loss associated with my travel arrangements which otherwise may have been covered by travel insurance. *Signatures required.*

1. \_\_\_\_\_ 2. \_\_\_\_\_  
(Signatures required)

**CONNECTING DOMESTIC FLIGHT:**

The Catholic Tour arranges the international air and land packages for our pilgrimages, but does not make the domestic connecting flights to and from your home city to the gateway (departure) city. In making your domestic airfare arrangements, please confer with us first as to the status of our international group seats. For domestic airfare tickets we can refer you to an agency that we work closely with called Flite II Travel American Express, at 800-544-3881, identify yourself as a Catholic Tour passenger and ask for Cormac.  
THE CATHOLIC TOUR ADVISES AGAINST SUPER -SAVER FARES. NOTE: The Catholic Tour is not responsible for any domestic connecting flights booked on-line, through any travel agencies or for non-refundable fares. Domestic airfare will not be covered by our optional travel insurance.

**EMERGENCY CONTACT:** NAME: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Not traveling with you)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CREDIT CARD PAYMENT AUTHORIZATION** Amount: \$ \_\_\_\_\_

Visa / MasterCard / Discover Card # \_\_\_\_\_

Expiration date (Month): \_\_\_\_\_ (Year): \_\_\_\_\_ 3 digit code on back of card: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please review the Terms and Conditions for explanation of cancellation policy, final deposit information, etc.  
I have read and agree to the Terms and Conditions. **ALL PASSENGERS MUST SIGN THIS FORM.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
(Signatures required) If under age 18, parent or guardian must sign.

\* Limited number of single rooms available. \*\*Tour price does not include optional travel insurance, tips, or travel visa fees. **Departure tax and fuel surcharge are both subject to change up until the time the group seats are purchased by The Catholic Tour, typically 60-30 days prior to departure.**  
**Passenger Reservations and deposits are due no later than 95 days prior to departure (01/23/2013).**  
**Final payment is due no later than 65 days prior to departure (02/22/2013).**