SPECIAL PILGRIMAGES BOOKING FORM

Please complete all sections in BLOCK LETTERS and return with deposit payment to:

SPECIAL PILGRIMAGES LTD, 55-57 QUEENS ROAD, SOUTHEND ON SEA, ESSEX. SS1 1LT TEL: 01702 394000

05-05-16

1 **PLEASE ☐ BOOK PERSON(S) ON THE:**

08 DAYS: PILGRIMAGE TO THE HOLY LAND
07TH - 14TH SEPTEMBER 2017
LED BY REVEREND TREVOR CRITCHLOW

2

TITLE	FULL NAME AS IN PASSPORT Christian Name (s)	Surname	DATE OF BIRTH

3 State nationality or passport (s) if **not BRITISH**:

4 **Smoker:** Yes☐ No☐ **Special Diet:** Yes* ☐ No☐ ** **if yes, please read the additional booking guidance & complete Section 4 overleaf***

5 ACCOMMODATION REQUIRED: Indicate your preference by **X** in box

Single if available ☐ Twin room ☐ Double Room ☐ Triple Room ☐

6 If you and/or a member in your party are disabled, under any permanent medication, suffer or have suffered from a medical condition in the previous 24 months please advise name (s) and details in Section 6 overleaf. **Please remember to always read your insurance policy carefully before you travel.**

Do you use a wheelchair? Yes ☐ No ☐ ***(if yes, please complete Section 6 overleaf)***

7 **PLEASE TICK THIS BOX IF YOU DO NOT WISH TO TAKE OUR TRAVEL INSURANCE* ☐**

If you have your own insurance please read the overleaf of the attached booking guidance and fill in if applicable

8 **I ENCLOSE MY / OUR REMITTANCE AS FOLLOWS:**

DEPOSIT **£350.00** PER PERSON x …….. PERSON(s) TOTALS £

INSURANCE **£50.00** / **£75.00*** PER PERSON x …….. PERSON(s) TOTALS £

*** Those over 65 years old at the end of travel are required to pay the higher rate***

TOTAL REMITTANCE - I ENCLOSE £

Please carefully read all the booking conditions before signing the Booking Form

09 By signing this Form, you and all those listed above will be entering with "Special Pilgrimages Limited" into a legally binding contract in accordance with our Standard Booking Conditions which were forwarded to you with the brochure from which you have booked this pilgrimage. If you have not received a copy, please contact us immediately.

ON BEHALF OF ALL THE LISTED NAMES, THE BOOKING CONDITIONS **SP-151030** ARE ACCEPTED.

SIGNED .....

PLEASE USE BLOCK LETTERS

DATE .....

ADDRESS.....

.....

.....

Telephone numbers: HOME .....

WORK .....

MOBILE .....

E-MAIL.....

FOR OFFICE USE ONLY

1. AMOUNT RECEIVED
2. DATE RECEIVED
3. DATE CONFIRMED
4. BOOKING REFERENCE

PLEASE MAKE YOUR CHEQUES OR PAY ORDER TO

"SPECIAL PILGRIMAGES LIMITED"

Telephone: 01702 394000 **Fax: 01702 395000** **Email: info@special-pilgrimages.co.uk**

FROM SECTION 4 OVERLEAF SPECIAL DIETARY SERVICES

MY SPECIAL DIET IS: - (please 'X' one box)

- ☐ **GLUTEN FREE** ☐ **DAIRY FREE**
- ☐ **NO NUTS** ☐ **LOW FAT**
- ☐ **LOW SUGAR** ☐ **DIABETIC**
- ☐ **VEGETARIAN** ☐ **VEGAN**
- ☐ **OTHER (PLEASE SPECIFY)** _____

PLEASE SPECIFY ANY OTHER DIETARY CONSIDERATIONS YOU WOULD LIKE TO BRING TO OUR ATTENTION.

PLEASE READ THE ADDITIONAL BOOKING GUIDANCE REGARDING OUR SPECIAL DIETARY SERVICES (ATTACHED)

PLEASE 'X' THE RELEVANT BOX BELOW:

☐ I am happy with your free of charge procedure as outlined on the additional booking guidance

☐ I will pay the **£150.00 surcharge** and wish you to proceed with obtaining written confirmation from all the suppliers regarding my dietary needs.

FROM SECTION 6 OVERLEAF WHEELCHAIR USERS

As we do not have any volunteers to assist people with disabilities, you will need to have with you a companion who is capable of looking after you throughout the pilgrimage. However we will consider each case on its own merit. To assist us please answer the following questions which will help us to evaluate whether we can provide you with the necessary level of support you will need during your Pilgrimage.

Are you able to: -

1)	**Do you have your own wheelchair?**	☐ **YES**	☐ **NO**	
	If YES, are you bringing it with you?	☐ **YES**	☐ **NO**	
	Is it a powered wheelchair?	☐ **YES**	☐ **NO**	*(max weight allowance applies)*
	If NO, will you require a wheelchair in Holy Land	☐ **YES**	☐ **NO**	
2)	**Can you board a coach unaided?**	☐ **YES**	☐ **NO**	
3)	**Can you walk from and to the aircraft door / coach entrance to the seat unaided?**	☐ **YES**	☐ **NO**	
	If NO, is your travelling companion able to help you?	☐ **YES**	☐ **NO**	

IMPORTANT NOTE: Pilgrims who require wheelchairs and do not pre book them with us will be refused boarding on the day of departure

FROM SECTION 6 OVERLEAF OTHER HEALTH INFORMATION

Please use this space to advise us about other information concerning your health and / or those in your party :