



GALLOWAY DIOCESAN 2019 PILGRIMAGE TO LOURDES

Led by the Bishop of Galloway Rt. Rev. William Nolan

Book Online www.joewalstours.co.uk and you can avail of a **£10 reduction** per person

1 - 8 JULY 2019 | 7 NIGHTS

£795 | HOTEL CHAPELLE ET PARC

COST TO INCLUDE

- Direct flight from Glasgow Prestwick to Lourdes and return
- Transfer on arrival at Lourdes airport to your hotel and return
- 7 nights accommodation at selected hotel
- Breakfast, lunch and dinner served each day
- Airport taxes, UK government levy
- Full religious programme facilitated by Joe Walsh Tours in conjunction with the Diocese of Galloway
- One standard piece of check-in luggage subject to airline's conditions

BOOKING PROCEDURE

All Bookings on the Pilgrimage should be made through **Joe Walsh Tours, 143 Lower Baggot Street, Dublin 2, Ireland. Tel: 0141 530 5060, www.joewalstours.co.uk**. No booking is definite until we have received a completed booking form, a non-refundable deposit and until this deposit is receipted by our office. **Please note that vouchers are only accepted against the final balance.** Please use the international mail service for all correspondence.

VERY IMPORTANT:

PILGRIMS WITH A MEDICAL CONDITION WHO WISH TO TRAVEL AS A REGISTERED ASSISTED PILGRIM SHOULD OBTAIN AN APPLICATION FORM FROM:

Ms Janie Agnew, 5/3 Dalry Road, Kilwinning, Ayrshire, KA13 7HA.
Telephone: 07739 399222.

Guidance on how to complete it is contained within the form. Acceptance as a registered assisted pilgrim is subject to the approval of the Pilgrimage Medical Committee. Accueil assisted pilgrims are accommodated at the Accueil Notre Dame (hostel for the sick pilgrims) in Lourdes.

PLEASE NOTE: Assistance on the journey and in Lourdes can be offered only to registered assisted pilgrims staying at the Accueil Notre Dame and to a limited number of registered assisted pilgrims staying in hotels.



Joe Walsh Tours | www.joewalstours.co.uk | E: info@joewalstours.co.uk
T: 0141 5305060 | FOLLOW US:  **Joe Walsh Tours**  **@JWTPilgrimages**

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INSURANCE:

Travel insurance is charged at £29 for persons up to 85 years old. Please note that an additional insurance premium of £29 is charged for persons aged 86-94 years and that persons 95 years and over should contact this office to have their insurance policy confirmed. Should you wish to contract our travel insurance, please tick the appropriate box on the booking form. A copy of the insurance policy will be forwarded to you with confirmation of your booking and we would ask you to read this carefully to be aware of your exact cover. **If you are taking prescribed medication of any kind or you have a diagnosed medical condition of any kind your GP must certify you fit to travel under the terms of the travel insurance.** **A medical declaration form will be forwarded to you with your confirmation invoice.**

CANCELLATIONS:

All cancellations will incur an excess charge of £200.

HOTELS:

We have made arrangements to reserve the best accommodation available in a good range of hotels, well known for their kind attention and good service. Please note the cost is based on sharing a twin, treble or 4-bed room with private facilities. We will make every effort to provide the hotel requested. However, all hotels are subject to availability at time of booking.

SINGLE ROOMS:

These are very limited and subject to availability at a supplementary charge of £36 per night for Hotel Chapelle et Parc. Your kind cooperation in agreeing to share a twin, treble or 4-bed room, if at all possible, will be much appreciated.

LOURDES CITY TAX:

The French Government have introduced a New City Tax which applies to all tourists/pilgrims over 18 years. The current rates are €1.50 per person per night in 3-star hotels and €2.10 per person per night in 4-star hotels. This tax applies to all hotels throughout France and it will be charged directly by your hotel and is payable at the hotel reception.

MEDICAL & OTHER MISCELLANEOUS CHARGES:

Please note these charges in total are the direct responsibility of the pilgrim or invalid or their legal guardian/next of kin. All travellers must have a **European Health Insurance card (EHIC)** formerly **E111** (*this card can be applied for or renewed online at www.ehic.org.uk*). **Please read your insurance cover carefully. It is vitally important to complete a Medical Declaration Form if you have a medical condition which has required medical advice, treatment, medication or hospitalisation during the last 18 months.**

NOTICE TO PASSENGERS:

The flying time to Lourdes is approximately 2 hours 10 minutes and an in-flight pay bar service will be available to all passengers. Any special dietary requirements must be advised to Joe Walsh Tours not later than **13th June 2019** in order to be facilitated.

PASSPORT:

EVERY PERSON TRAVELLING TO FRANCE MUST HAVE A VALID UP-TO-DATE PASSPORT. If you already have a passport, please check now that it will be valid for travel three months beyond 8th July 2019.

BALANCE OF FARE:

This is due TWELVE WEEKS before departure date. Joe Walsh Tours and the Pilgrimage Committee shall be entitled at their discretion to treat as cancelled any booking in respect of which the balance of fare shall not have been remitted twelve weeks before the date of departure.

FINAL INSTRUCTIONS:

Full information and travel documents will be sent to you within 10 days prior to the departure date of the Pilgrimage. Flight timings will be confirmed at this point.

WHEELCHAIRS:

PLEASE NOTE: Wheelchairs are not included in your travel insurance cover. We recommend separate insurance cover.

MOTORISED WHEELCHAIRS / SCOOTERS:

Due to weight restrictions we are unable to offer carriage of motorised wheelchairs or scooters on this pilgrimage.

USE OF YOUR INFORMATION:

Information provided on this form will be held and exchanged between Joe Walsh Tours, The Galloway Diocesan Pilgrimage to Lourdes and its associated organisations. It may be shared with third parties associated with Lourdes. Information provided may also be used to contact you, for example by email, text or phone call to update you with details concerning the pilgrimage.

GDPR:

As per European GDPR regulation, by signing this form you are providing Joe Walsh Pilgrimage Tours Ltd consent to process your personal information. A full copy of our Privacy Policy is available on request.

YOUR FINANCIAL PROTECTION:

Customers' prepayments are protected by the top policy, subject to the terms and conditions of the policy. In the unlikely event of financial failure please contact the claims helpline on +44(0)1702 811397. A copy of the policy is available on request from your travel organiser. This policy is provided by Travel & General Insurance Services Limited (t&g), registered number 02527363 and underwritten by Hiscox Insurance Company Limited (Hiscox), registered number 00070234. t&g and Hiscox are authorised and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (number 113849). More information regarding this policy is available to read on our website www.joewalshstours.co.uk



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1- 8 JULY 2019 | BOOKING FORM

Ref

Office Use Only

FULL NAME AS IT APPEARS ON YOUR PASSPORT

Surname	First Name	Title	Address of first named person only (BLOCK CAPITALS)	Date of Birth

Telephone Number:	Mobile Phone Number:
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Email:	<input type="text"/>
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Parish:	<input type="text"/>
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Details of emergency contact while abroad

Name	Telephone Number
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Hotels: If you require a wheelchair accessible room please tick (✓) here:

Hotels Available: Please indicate the hotel of your choice – Hotels subject to availability at time of booking

Hotel Chapelle et Parc <input type="checkbox"/>

Single Room <input type="checkbox"/> (Subject to availability at supplement of £252 for the duration)

Twin Room <input type="checkbox"/>	Treble Room (3 single beds) <input type="checkbox"/>	Four-bed room <input type="checkbox"/>
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Willing to share (ie. share with another person)	Name (if known)
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Travel Insurance:	I require travel insurance <input type="checkbox"/>	I DO NOT require travel insurance <input type="checkbox"/>
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Premium:	£29 (up to 85 yrs)	£58 (85 - 94 yrs)
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Persons aged 95 or over should apply to Joe Walsh Tours for confirmation and details of cover.

If insurance not required, please provide details of your own travel insurance:

Name:	Insurer:	Policy No:	Emergency Tel:
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N.B. Please indicate if you are travelling with a registered assisted pilgrim: Yes <input type="checkbox"/>	No <input type="checkbox"/>
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BOOKING FORM CONTINUED

PLEASE COMPLETE THE FOLLOWING BRIEF QUESTIONNAIRE:

	1st Named	2nd Named	3rd Named	4th Named
If currently on medication of any kind, it is your responsibility to ensure you have an adequate supply with you for the duration of your pilgrimage				
Any visual impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any hearing impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require assistance boarding via the steps of the aircraft?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you use a wheelchair?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES , will you bring your own wheelchair?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES , will you be accompanied by a companion/carer/relative?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require the use of a wheelchair in Lourdes? This must be booked in advance.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you are wheelchair bound and staying in hotel accommodation, you must advise us in writing.

You must also tick here:

PLEASE NOTE: Wheelchairs are not covered under your travel insurance - we recommend separate cover.

Where did you hear about the pilgrimage?

Travelled in the past <input type="checkbox"/>	Friends/Family <input type="checkbox"/>	Parish Priest <input type="checkbox"/>	Parish Newsletter <input type="checkbox"/>
Mass Announcement/Leaflet <input type="checkbox"/>	Poster/Flyer <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Internet <input type="checkbox"/>
Other (please specify):			

Please specify any special diet required:

IT IS VITALLY IMPORTANT TO COMPLETE A MEDICAL DECLARATION FORM IF YOU HAVE A MEDICAL CONDITION WHICH HAS REQUIRED MEDICAL ADVICE, TREATMENT, MEDICATION, OR HOSPITALISATION DURING THE LAST 18 MONTHS. THE FORM CAN BE OBTAINED FROM JOE WALSH TOURS.

Special Assistance is available only to the registered assisted pilgrims. Please see detailed information on page 1.

Is this your first pilgrimage with the Galloway Diocesan Pilgrimage to Lourdes? Yes No

PAYMENT DEPOSIT:

I enclose £200 being deposit(s) for (insert number) person(s).

The required minimum deposit of £200 per person is **NON-REFUNDABLE** on cancellation of booking

CHEQUE:

Should be made payable to **Joe Walsh Pilgrimtours Ltd.**

I wish to pay by Credit card/debit card. Please debit my credit/debit card for the amount of £ _____ being deposit(s) and travel insurance premium(s) for (insert number) person(s).

Card Type: _____ Card Holder's Name: _____

Card No: _____

Card Expiry Date: _____ 3 Digit security code (from back of card): _____

Please note: vouchers are only accepted against the final balance.

INFORMATION PROVIDED ON THIS FORM WILL BE HELD AND EXCHANGED BETWEEN JOE WALSH TOURS, THE GALLOWAY PILGRIMAGE AND ITS ASSOCIATED ORGANISATIONS, AND MAY BE SHARED WITH THIRD PARTIES ASSOCIATED WITH LOURDES. INFORMATION PROVIDED MAY ALSO BE USED TO SEND YOU DETAILS AND UPDATES CONCERNING THE PILGRIMAGE.

I accept the booking conditions of Joe Walsh Tours which can be found on www.joewalsh tours.co.uk:

Signature _____ Date: _____



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