

Pilgrimage Director:

Monsignor Bernard Noonan P.P. Moate, Co. Westmeath. Tel: 090 648 1180 89 Harcourt Street
Dublin D02 WY88, Ireland
www.joewalshtours.ie
info@joewalshtours.ie
Telephone: 01 241 0800

31 MAY - 05 JUNE 2024 | 5 NIGHTS

Prices per person sharing:

HOTEL AGENA HOTEL LA SOLITUDE

€ 929 PER PERSON SHARING € 949 PER PERSON SHARING

COST TO INCLUDE

- Direct return flight from Knock to Lourdes
- Airport transfers and assistance between Lourdes Airport and your hotel
- 5 nights accommodation in selected Hotel
- Full board: breakfast, lunch and dinner each day
- 20kg check-in luggage plus one small personal item in the cabin
- Full services of Joe Walsh Tours guides and representatives throughout
- Full religious programme facilitated in conjunction with the Diocese of Ardagh & Clonmacnois
- Airport taxes

OPTIONAL (NOT INCLUDED)

- Single room occupancy supplement €35 per night in Hotel Agena; 39 per night in Hotel La Solitude
- Pilgrimage travel insurance €39 per person up to 79 years; €59 per person 80 to 94 years

BOOKING PROCEDURE

All bookings should be made through Joe Walsh Tours by telephone 021-2427190, online www.joewalshtours.ie/pilgrimages/group-diocesan-pilgrimages/ or by post to 89 Harcourt Street, Dublin 2, D02WY88. No booking is definite until a non-refundable deposit payment of €300 per person (plus insurance premium where applicable) has been receipted by Joe Walsh Tours. Early booking advisable.

SPECIAL ASSISTED/SICK SECTION

Pilgrims who would like to travel with the Special Assisted Section should apply to: Ardagh & Clonmacnois Diocesan Pilgrimage to Lourdes, c/o Margaret McDonald Tel: 0863918577. This special assisted/sick section is accommodated at the Accueil Notre Dame. Acceptance for travel with the special section for the sick is subject to approval of the Pilgrimage Medical Board.





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TRAVEL INSURANCE

It is a condition of our acceptance of your booking that you obtain appropriate travel insurance for cover in case of a medical emergency, cancellations, delays, loss of baggage and other unexpected disruptions. Please note it is your sole responsibility to ensure that the travel insurance purchased is suitable for your needs, including without limitation, in respect of any pre-existing medical conditions.

Pilgrimage Insurance

Optional extra available to passengers up to 94 years. Includes cover for pre-existing medical conditions (see note below regarding Medical Declaration Form). The insurance premium must be paid at the time of booking in addition to the applicable deposit. A copy of the travel insurance policy is available to view online at www.joewalshtours.ie. Please note that given the level of cover provided to passengers with pre-existing medical conditions, all insurance claims will incur an excess charge of €250 per person.

Medical Declaration Form (Pilgrimage Insurance)

All passengers with a pre-existing medical condition of any kind must fill out a Medical Declaration Form and get it signed by their GP in advance of travel. The form should be kept by the passenger and only be produced in the event of a claim.

HEALTH INSURANCE

All travellers must have the European Health Insurance Card (EHIC). This card can be applied for or renewed online at www2.hse.ie/services/ehic/ehic.

CANCELLATION CHARGES

All cancellations are subject to charges, the minimum being loss of the applicable deposit. For full details on terms and conditions of booking and cancellation charges, please visit www.joewalshtours.ie.

WHEELCHAIRS & SCOOTERS

Wheelchairs and scooters are <u>not</u> covered by the Pilgrimage Travel Insurance. We recommend separate insurance cover. Acceptance of motorised wheelchairs and scooters are subject to weight or dimension restrictions imposed by airlines. Full specification must be provided at the time of booking. Approval form mandatory and carriage subject to approval by the airline.

FLIGHTS

Requests for specific flight times cannot be accepted. All bookings are taken on the basis of passengers accepting the flights allocated to them. The flying time to Lourdes is approximately 2 hours. A limited buy-on-board catering service is available on flights.

SPECIAL ASSISTANCE

WCHS/WCHC assistance to embark/disembark the aircraft are subject to confirmation by airlines. WCHS (passenger cannot use stairs) and WCHC (passenger cannot walk any distance, board or disembark unassisted).

PASSPORT

All passengers must have an up-to-date passport valid for travel up to their date of return.

TICKETING

Full travel information and tickets will be issued within 10 days of departure.

SINGLE ROOMS

These are very limited and subject to supplements of €35 per night in hotel Agena; €39 per night in Hotel La Solitude.

SHARING ROOMS

Bookings are accepted subject to a travel companion sharing a room with you. Please ensure to nominate who you wish to share with when making your booking. If there is nobody for you to share with, we will nominate somebody on your behalf. If we do not find anybody to share with you we reserve the right to charge the single room supplement.

LOURDES CITY TAX

Applies to all pilgrims over 18 years staying in hotels. This tax will be collected by your hotel at check-in.

COMMUNICATION

Email is an essential form of communication for the administration of bookings. Invoices, insurance details and travel documents will be issued in electronic format via email.

USE OF YOUR INFORMATION

Information provided on this form will be held and exchanged between Joe Walsh Tours, the pilgrimage organisation 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

By signing this form you are providing Joe Walsh Tours consent to process your personal information. A copy of our Privacy Policy is available on request.

REGULATION (EC) 261/2004

The regulation establishes common rules on compensation and assistance to passengers in the event of cancellation or long flight delays. The obligations that the regulation creates rest with the operating carrier who performs or intends to perform a flight. Any compensation that may be due to passengers in case of a flight delay must be claimed exclusively by each individual passenger directly to the airline and not to the tour operator, travel agent or any other organisation that may be associated with services provided as part of the proposed travel package.

YOUR FINANCIAL PROTECTION

This tour is operated by Petriva Ltd. Travel inclusive packages originating in Ireland and in the EU are financially protected under a bond and licenses T00273 & TA0804 held with the Irish Aviation Authority.





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PASSENGER DETAILS: FIRST NAME AND LAST NAME MUST MATCH PASSPORT. NAME CHANGE FEES APPLY.

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TITLE NAME			SURNAME (IN BL	INSURANCE* DATE OF BIRTH				IRTH	
					YES	NO			
					YES	NO			
					YES	NO			
*0p	tional Travel Ins	urance Pl	PILGRIMAGE POLICY: €39 per person up to 79 years; €59 per person 80 to 94 years						
ADDRESS OF FIRST NAMED PERSON (LEAD PASSENGER)								EIRCOI	DE
MOB	BILE NUMBER		EMAIL ADDRESS (PLEASE PRINT CLEARLY)						
11102			21117112712	J11200 (1 127102 1 11		,			
	<u> </u>		ooking arrangements,	· · · · · · · · · · · · · · · · · · ·				mber.	
ACCOM	MODATION – ple		elevant box to indicate	your hotel choice (subject to a	vailabili	ty)		
[_] Hot	tel Agena	[_] Hot	el La Solitude						
ROOM IVPF		WIN DOUBLE TREBLE INGLE (Subject to availability. Supplement applies.)							
SPECIA	L ASSISTANCE 8	WHEELCHAI	RS (Airports, airplanes	and coaches)					
If you	or anyone withi	n your party i	is confined to a whee	lchair, intends tak	ing a whee	lchair o	n flight	s or re	equire
		-	own steps, or a full lift	-	-			elow.	
			and disembark the airc	•		-			
ASSISTANCE TO & FROM			ASSISTANCE UP & DOWN STEPS		FULL ASSISTANCE BOARDING				
BOARDING GATE ONLY			Subject to confirmation		Subject to confirmation				
Passenger can board unaided			Passenger cannot use stairs WCHS []		Passenger cannot walk any distance WCHC []				
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REQUIRE AIRPORT WHEELCHAIR TO & FROM BOARDING GATE ONLY			FOLDABLE WHEELCHAIR (WCMP)			BRINGING OWN MOTORISED WHEELCHAIR/SCOOTER (WCBD)			
] Request Form Mandatory			
Name of	f passenger requiri	ng assistance	<u> </u>		<u> </u>				
Please	contact the office fo	or other special a	assistance (i.e. visual or h	earing impairment, bre	eathing and re	spiratory	equipme	ent, etc.)
SPECIA	L DIETARY REQU	IREMENTS (H	otel meals only)	-					
VEGETARIAN		COELIAC DAIRY FRE		E OTHER (Please sp		se spec	cify)		
SPECIA	L REQUESTS	L							





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TRAVEL INSURANCE (OPTIONAL)

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Pilgrimage Insurance

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Medical Declaration Form (Pilgrimage Insurance)

It is vitally important that all passengers with a pre-existing medical condition of any kind complete a Medical Declaration Form. This form must be signed by a GP in advance of travel, kept by the individual during the trip and only produced to our guides and representatives in the event of a claim.

EUROPEAN HEALTH INSURANCE

All pilgrims must have the European Health Insurance Card (EHIC). This card can be applied for or renewed online free of charge at www2.hse.ie/services/ehic/ehic.

TRAVEL INSURANCE DETAILS (If not purchased through JWT)

NAME OF INSURER	POLICY NUMBER	INSURANCE EMERGENCY NUMBER

EMERGENCY CONTACT	
(PERSONAL)	

PAYMENTS

A deposit of €300 per person (plus insurance premium if applicable) is required at time of booking. Balances are due 12 weeks before departure.

PAYMENT INSTRUCTIONS

Cheques should be made payable to Petriva Ltd. and posted to 89 Harcourt Street, Dublin 2, D02 WY88.

For payments by **bank transfer**, details are as follows:

- Allied Irish Bank, 1 Lower Baggot Street, Dublin 2

IBAN: IE97AIBK93101205058096 | BIC: AIBKIE2D | Account Name: Petriva Ltd.

- Bank of Ireland, Lower Baggot Street, Dublin 2

IBAN: IE46B0FI90149056195345 | BIC: B0FIIE2D | Account Name: Petriva Ltd.

For card payments, you will receive an invoice by email and a separate email with an online payment link.

YOUR FINANCIAL PROTECTION

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I have read and agreed to accept the booking conditions on www.joewalshtours.ie								
Signature:	Date:		/					

