

64TH WATERFORD & LISMORE DIOCESAN LOURDES PILGRIMAGE 2022



Under the Leadership of Most Rev. Bishop Alphonsus Cullinan

5 NIGHTS FULL BOARD | 8th - 13th JUNE 2022

HOTEL SAINT LOUIS DE FRANCE | €729 pps

HOTEL AGENA | €769 pps

LA SOLITUDE | PANORAMA | SAINT SAUVEUR | PADOUE | €789 pps

INCLUDING

- Coach to/from Cork Airport (optional)
- Return flights Cork - Lourdes
- Transfer and assistance between Lourdes Airport and your hotel on arrival and departure
- Full board and accommodation in Lourdes
- Airport tax
- Free comprehensive travel insurance
- Waterford Pilgrimage Badge
- Representatives from Joe Walsh Tours will ensure all Pilgrims receive a very high standard service during the pilgrimage

BOOKING PROCEDURE

All Bookings on the Pilgrimage should be made through Joe Walsh Tours office, 69 O'Connell St, Dublin 1. D01 FW11. No booking is definite until we have received a completed booking form and €250 non-refundable deposit and until this deposit is receipted by our office. **Please note that vouchers are only accepted against the final balance.**

VERY IMPORTANT

Pilgrims who would like to travel with the Special Assisted Section for the Sick - should apply for an application form to:

Clonmel:

Dungarvan:

Waterford:

This special assisted/sick section is accommodated at the Accueil Notre Dame (Hostel for the sick in Lourdes). **Acceptance for travel with the special section for the sick is subject to approval of the Pilgrimage Medical Board.**

PLEASE NOTE:

Cheques should be made payable to JOE WALSH TOURS



<https://joewalstours.ie> | info@joewalstours.ie | 01 241 0810 | 69 O'Connell Street, Dublin 1

Tours are operated by PetriVA Limited t/a Joe Walsh Tours who are bonded and licensed by the Commission for Aviation Regulation T0273 & TA0804 in compliance with the Package Travel and Linked Travel Arrangement Package Regulation 2018.



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PILGRIM BOOKING FORM ONLY | FROM €729 PPS

Ref

Office Use Only

FIRST NAME AND SURNAME AS IT APPEARS ON YOUR PASSPORT

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

Tel: _____ Mobile: _____ Email: _____ Passport expiry date: _____

Name of emergency contact while abroad: _____ Telephone Number: _____

Category being Booked - please tick (✓)

Pilgrim	<input type="checkbox"/>	Brancardier	<input type="checkbox"/>	Youth	<input type="checkbox"/>	Cairde	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Student Nurse	<input type="checkbox"/>	Nurse Assistant	<input type="checkbox"/>
Priest	<input type="checkbox"/>	Handmaid	<input type="checkbox"/>	Choir	<input type="checkbox"/>	Cara	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Youth Leader	<input type="checkbox"/>	Other	<input type="checkbox"/>

Coach Transfer to / from Cork Airport

I will travel to/from Cork Airport by **CAR** I will require **COACH** transfer to/from Cork Airport

I require Coach Pick up / Drop off at:

Waterford Kilmeadan Leamybrien Dungarvan Clonmel Cahir

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

La Solitude €789	<input type="checkbox"/>	St. Sauveur €789	<input type="checkbox"/>	Louis De France €729	<input type="checkbox"/>		
Agena €769	<input type="checkbox"/>	Panorama €789	<input type="checkbox"/>	Padoue €789	<input type="checkbox"/>		
Single Room*	<input type="checkbox"/>	Twin Room	<input type="checkbox"/>	Treble Room (3 single beds)	<input type="checkbox"/>	4 Bed	<input type="checkbox"/>

Willing to share (ie. share with another person): Yes No Name (if known) _____

Address (if known) _____

N.B. Please indicate if you are travelling with an official invalid: Yes No

DEPOSIT: I enclose € _____ being deposit(s) for _____ Person(s).
The required minimum deposit of **€250** per person is NON-REFUNDABLE on cancellation of booking.

It is vitally important to complete a Medical Declaration Form if you have a pre-existing medical condition of any kind or you are taking prescribed medication. This form must be signed by your GP. Once signed please keep this form with your travel documents. The travel insurance provided with this package covers only those resident in Ireland. It is the responsibility of each individual passenger to ensure compliance with the terms of the insurance cover. The form can be obtained from Joe Walsh Tours.

If you are wheelchair bound or intend taking a wheelchair to Lourdes you must advise us in writing. You must also tick (✓) here
*Insurance cover upper age limit 79 years. 80-94 years will incur a premium of €33. Over 94 years private cover must be secured.

*Signature

Date

PLEASE NOTE: Wheelchairs are not included in your travel insurance. Acceptance is subject to confirmation.

*Single room subject to availability hotel supplement applies

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TRAVEL INSURANCE:

We will automatically insure all eligible persons on booking. A copy of the insurance policy is available to view online at joewalshstours.ie/travel-insurance. We would ask you to read this carefully to be aware of your exact cover. Upper age limit 79 years, over 80s will incur a premium of €33, over 94 years private cover must be secured. The insurance cover is provided free of charge as part of the package for those up to 80 years, a refund is not possible if you have alternative cover. The travel insurance provided with this package covers only those resident in Ireland & UK. It is the responsibility of each individual passenger to ensure compliance with the terms of the insurance cover.

MEDICAL & OTHER MISCELLANEOUS CHARGES:

In line with the requirements of the Travel Insurance cover provided, if you have a pre-existing medical condition of any kind or you are taking prescribed medication, a Medical Declaration Form must be completed and signed by your GP. This form must also be produced in Lourdes in the event of any treatment/hospitalisation or subsequently at the request of the insurers in the event of a claim. A copy of the Medical Declaration form will be forwarded to you with your confirmation invoice. All pilgrims must also have a **European Health Insurance card (EHIC)** formerly EIII. This is available free of charge from your local health board or you can apply online www.hse.ie.

CANCELLATIONS:

All cancellations will incur an excess charge of €250.

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, and, indeed, well known to Irish Pilgrims. Please note the cost is based on sharing a twin or treble room with private facilities. We will make every effort to provide the hotel requested. However, these are subject to availability at time of booking.

SINGLE ROOMS:

These are very limited and subject to availability at a supplementary charge of €165 - €190. Your kind co-operation in agreeing to share a twin or treble room, if at all possible, will be much appreciated.

LOURDES CITY TAX:

The French Government have introduced a 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 Lourdes and it will be charged directly by your hotel and is payable at the hotel reception.

FLIGHTS:

We cannot accept special requests for specific flights. It must be clearly understood that bookings are taken on the basis of pilgrims accepting the flight allocated to them. Amendment charge to any bookings €30 per person.

NOTICE TO PASSENGERS:

If you do not wish to purchase a snack on board the aircraft perhaps you could consider bringing your own snack with you for convenience. Flying time to Lourdes is approximately 2 hrs 10 minutes.

DELAYED OR CANCELLED FLIGHTS:

Joe Walsh Tours and the Pilgrimage Committee cannot accept any responsibility for cost incurred by pilgrims for meals, transfers, overnight accommodation or any other costs resulting from delayed, cancelled or diverted flights.

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.

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, air tickets and luggage labels will be sent to you within 10 days prior to the departure date of the Pilgrimage.

SPENDING MONEY:

The Euro is the official currency of all EU member countries.

WHEELCHAIRS:

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

MOTORISED WHEELCHAIRS / SCOOTERS:

Joe Walsh Tours must be advised at time of booking if you intend taking a motorised wheelchair / scooter to Lourdes. Acceptance will be subject to any weight or dimension restrictions imposed by the Airline. Wheelchairs are not covered by the standard travel insurance. We recommend separate cover. Carriage of all wheelchairs is strictly at owner's risk.

USE OF YOUR INFORMATION:

Information provided on this form will be held and exchanged between Joe Walsh Tours, your pilgrimage organisation 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 Tours consent to process your personal information. A full copy of our Privacy Policy is available on request.

REGULATION (EC) 261/2004:

At the time of going to print, the following EU legislation applies in relation to EC261. Regulation (EC) 261/2004 of the European Parliament and of the European Council establishes common rules on compensation and assistance to passengers in the event of denied boarding, cancellation or long delay of flights. The obligations that the regulation creates rests with the operating carrier who performs or intends to perform a flight. Any compensation that may be due to passengers in case of a delay must be claimed exclusively by the passenger and directly to the airline and not Joe Walsh Tours or the Diocese of Waterford & Lismore.



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THIS MUST BE COMPLETED BY YOUR GENERAL PRACTITIONER IF YOU HAVE A PRE-EXISTING MEDICAL CONDITION AT THE TIME OF BOOKING, OTHERWISE YOUR CONDITION WILL BE EXCLUDED, IT MUST ALSO ACCOMPANY YOU ON YOUR TRIP. IN THE EVENT OF A MEDICAL OR CURTAINMENT CLAIM YOU WILL BE ASKED TO PRODUCE A COPY OF YOUR MEDICAL DECLARATION FORM.

Joe Walsh Tours Pilgrimage Travel Insurance Medical Declaration Form

PLEASE COMPLETE IN BLOCK CAPITALS AND SIGN BELOW. YOU MUST GIVE FULL AND TRUE ANSWERS TO ALL QUESTIONS. YOUR COVER COULD BE INVALID IF YOU PROVIDE US WITH INCORRECT OR INCOMPLETE INFORMATION.

Personal Details

INSURED'S TITLE	MR / MRS / MS	TELEPHONE	
INSURED'S NAME			
ADDRESS			
DATE OF BIRTH		OCCUPATION	

G.P.'S NAME		TELEPHONE	
ADDRESS			

Trip Details

DATES OF TRIP	FROM		TO	
DESTINATION			NUMBER OF DAYS	

General Practitioner Use Only

GP's Note
Please do not sign this form if in your professional opinion, the insured may not be able to undertake the Trip or if the insured is travelling with the intention of receiving pre-booked medical treatment.

- At the time of signing, I know of no medical reason why the insured should not fly and partake in the intended Trip.

Signature General Medical Practitioner _____

Date _____

Under no circumstances should you back date this form.

Declaration

- I declare that I am not travelling against the advice of a medical practitioner and that I have consulted my regular GP concerning the Trip that I am planning to undertake.
- I declare that my regular GP has declared that I am fit to travel and able to partake in the planned Trip and that my medical records have been noted accordingly.
- I declare that I am not travelling with the intention of having medical treatment Abroad.
- I confirm that I will take adequate supplies of any medication that I am currently taking and that I will follow the usual medical regime required for my condition.
- I confirm that the above information is true and accurate and authorise the Underwriter/Insurer to approach my GP and obtain any information they may require from my medical records.

Signature _____

PLEASE PRINT NAME HERE _____ Date _____

This section only needs to be submitted to the claim adjuster in the event of a claim.

This document is strictly confidential and so content is permitted to be shown, copied, extracted or forwarded to any third party without the prior written consent of MAPFRE Assistance or Blue Insurance Limited.

WHEN SIGNED BY YOUR GP. PLEASE RETAIN THIS FORM WITH YOUR TRAVEL DOCUMENTS