

## 29 MAY - 3 JUNE 2026 | 5 NIGHTS DIRECT FROM CORK AIRPORT

Prices per person sharing:

HOTEL ASTORIA	€975	HOTEL ELISEO	€1,045
HOTEL ST LOUIS DE FRANCE	€975	HOTEL PADOUE	€1,045
HOTEL JEANNE D'ARC	€1,019	HOTEL LA SOLITUDE	€1,045
HOTEL AGENA	€1,019	HOTEL ST SAUVEUR	€1,045

### PRICE INCLUDES

- Direct return flight from Cork to Lourdes
- Airport transfers and assistance between Lourdes Airport and your hotel
- 5 nights' hotel accommodation
- 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 Cloyne
- Airport taxes

### OPTIONAL (NOT INCLUDED)

- Single room occupancy supplement: €35 per night in Astoria & St. Louis de France; €39 per night in Agena, Jeanne D'Arc & St. Sauveur; €46 per night in Eliseo & Padoue; €49 per night in La Solitude
- Pilgrimage travel insurance €55 per person up to 79 years; €75 per person 80 to 94 years

### BOOKING PROCEDURE

All bookings should be made through Joe Walsh Tours by telephone 021-2427190, online [www.joewalstours.ie/pilgrimages/group-diocesan-pilgrimages/](http://www.joewalstours.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 €350 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: Cloyne Diocesan Pilgrimage to Lourdes, c/o Parish Secretary, 27/28 Bank Place, Mallow, Co. Cork. Tel: 022-20276. 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. The closing date for receipt of application is 31 March 2026.

## 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 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 (subject to Medical Declaration Form. See note below). Please note there is no cancellation cover on the Pilgrimage Insurance policy and, therefore, refunds are not possible in case of cancellations. However, in Joe Walsh Tours, we offer cancellation cover for medical reasons only (for clients who purchase Pilgrimage Insurance at the time of booking) in the form of a credit for future travel only and valid for 5 years. This is subject to approval of the cancellation form filled in by a GP and the deduction of a non-refundable amount of €250 per person (€150 if cancelled more than 84 days before departure).

### Medical Declaration Form (Pilgrimage Insurance Only)

All passengers with a pre-existing medical condition of any kind must get a Medical Declaration Form signed by their GP. This form must be completed **within 45 days of the trip start date**, otherwise the pre-existing medical condition will be excluded. This form must be kept by the passenger during the trip 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](http://www2.hse.ie/services/ehic/ehic).

## WHEELCHAIRS & SCOOTERS

Passengers can bring their own manual foldable wheelchairs and, subject to confirmation by airlines, their own manual rigid/non-collapsible wheelchairs, motorised wheelchairs and scooters. *Motorised/battery-powered wheelchairs and scooters are limited to up to three per flight.* Acceptance of manual rigid/non-collapsible wheelchairs, motorised wheelchairs and scooters are subject to weight, dimension and battery restrictions due to safety regulations that must be adhered to by airlines. Full specification must be provided at the time of booking through an approval form that must be completed. Carriage is subject to clearance by the airline. Separate insurance cover is recommended if bringing your own wheelchair.

## CANCELLATION CHARGES

All cancellations are subject to charges, the minimum being loss of the applicable deposit. For full details on charges, please visit our website [www.joewalstours.ie](http://www.joewalstours.ie).

## FLIGHTS

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

## SINGLE ROOMS

These are very limited and subject to a supplement.

## 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, you will be charged 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.

## PASSPORTS & VISAS

EU passports holders must have a passport valid for travel at least up to the scheduled date of return. UK passport holders must have a passport issued within the last 10 years, with 3 months validity left from the date on which you intend to leave the EU and may be required to apply to the new ETIAS visa waiver. Other nationalities may need a visa or visa waiver to enter the EU. It is your own responsibility to ensure you meet travel and entry requirements.

## TICKETING

Full travel information and tickets will be issued approximately 10 days before departure.

## COMMUNICATION

Email is an essential form of communication for the administration of bookings. Confirmation 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 the services included as part of your travel package. 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.

# CLOYNE DIOCESAN 2026 PILGRIMAGE TO LOURDES

Under the Patronage of Bishop William Crean D.D.  
Pilgrimage Director: Very Rev. Tobias Bluitt P.P. Kanturk, Co. Cork

89 Harcourt Street  
Dublin D02 WY88, Ireland  
www.joewalstours.ie  
info@joewalstours.ie  
Telephone: 01 241 0800

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

PASSENGER & PASSPORT DETAILS								INSURANCE
1	TITLE	FIRST NAME	SURNAME (IN BLOCK CAPITALS)	DATE OF BIRTH	DD	MMM	YY	YES <input type="checkbox"/>
	NATIONALITY		PASSPORT NUMBER	EXPIRY DATE	DD	MMM	YY	NO <input type="checkbox"/>
2	TITLE	FIRST NAME	SURNAME (IN BLOCK CAPITALS)	DATE OF BIRTH	DD	MMM	YY	YES <input type="checkbox"/>
	NATIONALITY		PASSPORT NUMBER	EXPIRY DATE	DD	MMM	YY	NO <input type="checkbox"/>
3	TITLE	FIRST NAME	SURNAME (IN BLOCK CAPITALS)	DATE OF BIRTH	DD	MMM	YY	YES <input type="checkbox"/>
	NATIONALITY		PASSPORT NUMBER	EXPIRY DATE	DD	MMM	YY	NO <input type="checkbox"/>

**\*Optional Pilgrimage Travel Insurance €55 up to 79 years; €75 from 80 to 94 years.** Please tick 'YES' if you wish to purchase travel insurance or tick 'NO' if you have your own travel insurance. Please refer to important travel insurance information on page 2.

ADDRESS OF LEAD PASSENGER		
	EIRCODE	
MOBILE NUMBER		
EMAIL ADDRESS (PLEASE PRINT CLEARLY)		

In the event of changes to flights or booking arrangements, you may be contacted on the above mobile number.

EMERGENCY CONTACT	
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**ACCOMMODATION** – please tick the relevant box to indicate your hotel choice (subject to availability)

<input type="checkbox"/> Hotel Astoria	<input type="checkbox"/> Hotel Jeanne D'Arc	<input type="checkbox"/> Hotel Eliseo	<input type="checkbox"/> Hotel La Solitude
<input type="checkbox"/> Hotel St Louis de France	<input type="checkbox"/> Hotel Agena	<input type="checkbox"/> Hotel Padoue	<input type="checkbox"/> Hotel St Sauveur
ROOM TYPE: <input type="checkbox"/> TWIN <input type="checkbox"/> DOUBLE <input type="checkbox"/> TREBLE <input type="checkbox"/> SINGLE (Subject to availability. Supplement applies.)			
Name of person you are sharing with (if applicable):			

**SPECIAL DIETARY REQUIREMENTS** (Hotel meals only)

<input type="checkbox"/> VEGETARIAN	<input type="checkbox"/> COELIAC	<input type="checkbox"/> DAIRY FREE	<input type="checkbox"/> OTHER (Please specify)
SPECIAL REQUESTS		WALK-IN SHOWER   FLOOR LEVEL   BABY COT	

**SPECIAL ASSISTANCE AT AIRPORTS**

If you or anyone within your party has reduced mobility and require assistance through airports, to ascend or descend steps, or a full lift on/off the airplane or coach, please indicate below. <b>Please note that WCHR and WCHC are subject to confirmation by airlines.</b>	
WCHR – ASSISTANCE TO & FROM BOARDING GATE ONLY: Wheelchair assistance from the check-in area to the boarding gate and from the arrival gate to the airport arrivals hall.	WCHR <input type="checkbox"/>
WCHS - ASSISTANCE UP & DOWN STEPS (Subject to confirmation): Assistance from the check-in area to the door of the aircraft and from the aircraft to the arrivals hall. Passenger cannot use steps. Passenger can walk to own seat. <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Rigid Manual Wheelchair <input type="checkbox"/> Motorised Wheelchair/Scooter	WCHS <input type="checkbox"/>
WCHC – FULL LIFT-ON ASSISTANCE BOARDING (Subject to confirmation): Passenger is confined to a wheelchair, will bring own wheelchair and always needs external help to move in the cabin, board and disembark. <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Rigid Manual Wheelchair <input type="checkbox"/> Motorised Wheelchair/Scooter	WCHC <input type="checkbox"/>
NAME OF PASSENGER REQUIRING ASSISTANCE: _____	
Please contact the office for other special assistance (i.e. visual or hearing impairment, breathing and respiratory equipment, etc.)	

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## WHEELCHAIRS AT AIRPORTS

If you or anyone within your party is a wheelchair user, intends taking a wheelchair on flights or requires the use of a wheelchair at airports, please indicate here. Note motorised wheelchairs/scooters & rigid/non-collapsible wheelchairs require approval from airlines.	
REQUIRE AIRPORT OWNED WHEELCHAIR TO & FROM BOARDING GATE ONLY	<input type="checkbox"/>
BRINGING OWN MANUAL FOLDABLE WHEELCHAIR ( <b>WCMP</b> )	<input type="checkbox"/>
BRINGING OWN MANUAL RIGID/NON-COLLAPSIBLE WHEELCHAIR ( <b>WCMP</b> ) *Authorisation Form Mandatory	<input type="checkbox"/>
BRINGING OWN MOTORISED WHEELCHAIR ( <b>WCBD</b> ) *Full Specification / Authorisation Form Mandatory	<input type="checkbox"/>

## AIRPORT TRANSFER COACH

ARE YOU ABLE TO CLIMB THE STEPS OF A COACH?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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## TRAVEL INSURANCE (OPTIONAL)

**IMPORTANT** 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 is suitable for your needs, including without limitation, in respect of any pre-existing medical conditions.

**Pilgrimage Insurance**  
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**Medical Declaration Form (Pilgrimage Insurance Only)**  
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**HEALTH INSURANCE**  
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## TRAVEL INSURANCE DETAILS (If not purchased through JWT)

NAME OF INSURER	POLICY NUMBER	INSURANCE EMERGENCY NUMBER

## PAYMENTS

A deposit of €350 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 card payments, you will receive an invoice by email and a separate email with an online payment link or call 01-2410828.

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: IE46BOFI90149056195345 | BIC: BOFIE2D | Account Name: Petriva Ltd.

**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.

**I have read and agreed to accept the booking conditions on [www.joewalstours.ie](http://www.joewalstours.ie)**

**Signature:** \_\_\_\_\_ **Date:**        /        /