

LIVERPOOL ARCHDIOCESAN PILGRIMAGE TO LOURDES

22 – 29 July 2011 by Air from Liverpool John Lennon Airport

PASSENGER 1

Are you on medication?	Yes / No	Any visual or hearing impairment?	Yes / No
Can you Walk up 12 steps?	Yes / No	Can you walk one Mile Unaided?	Yes / No
Do you use a wheelchair?	Yes / No	If Yes will you bring your own?	Yes / No

Are you officially registered with the Liverpool Pilgrimage Office as a hotel sick / disabled? Yes / No
 If not you will be required to complete a medical form for the pilgrimage medical officer. This will be enclosed with your confirmation invoice.

Are you a Liverpool Hospitalite member ? Yes / No
 If Yes please indicate whether you are a doctor, nurse or adult helper

If No would you be interested in joining the Liverpool Hospitalite to help care for the sick and disabled as a Doctor, Nurse or Helper, either on this year's Pilgrimage or in the future? If so please write to :

**The Hospitalite Membership Registrar, Lourdes Pilgrimage Office, c/o Centre for Evangelisation,
 Croxteth Drive, Liverpool, L17 1AA**

Travel Insurance will be included at an extra cost of £40 per person. If NOT required then details of your own insurance must be provided with this booking form.

I HAVE my own travel insurance _____ (if YES then please tick)

PASSENGER NAME	OWN INSURERS	POLICY NUMBER	EMERGENCY PHONE NUMBER
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PASSENGER 2

Are you on medication?	Yes / No	Any visual or hearing impairment?	Yes / No
Can you Walk up 12 steps?	Yes / No	Can you walk one Mile Unaided?	Yes / No
Do you use a wheelchair?	Yes / No	If Yes will you bring your own?	Yes / No

Are you officially registered with the Liverpool Pilgrimage Office as a hotel sick / disabled? Yes / No
 If not you will be required to complete a medical form for the pilgrimage medical officer. This will be enclosed with your confirmation invoice.

Are you a Liverpool Hospitalite member ? Yes / No
 If Yes please indicate whether you are a doctor, nurse or adult helper

If No would you be interested in joining the Liverpool Hospitalite to help care for the sick and disabled as a Doctor, Nurse or Helper, either on this year's Pilgrimage or in the future? If so please write to :

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Travel Insurance will be included at an extra cost of £40 per person. If NOT required then details of your own insurance must be provided with this booking form.

I HAVE my own travel insurance _____ (if YES then please tick)

PASSENGER NAME	OWN INSURERS	POLICY NUMBER	EMERGENCY PHONE NUMBER
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If you need the help of the Youth pilgrimage in getting to and from the services this can only be provided with prior registration with the Liverpool Pilgrimage office on
0151 727 4000 : Email lourdespilgrimage@rcaolp.co.uk

On behalf of the above I accept your booking terms and conditions

SIGNATURE _____ Date _____ Deposit Enclosed _____

Deposit of £150 per person plus insurance per booking made payable to : **LEISURE TIME TRAVEL**
 Please note : Information received in connection with this application may
 be shared with third parties for health and safety reasons

Leisure Time Travel
 275 County Road,
 Walton on the Hill,
 Liverpool, L4 5PQ

Tel : 0151 287 8000
info@lourdes-pilgrim.com
www.lourdes-pilgrim.com

