

PASSENGER RESERVATION FORM / CONTRACT



Mail to: **The Catholic Tour**
21625 Chagrin Blvd. #210
Beachwood, OH 44122

Tel: (216) 751-8301
Toll Free: 877-MARIAN TOUR, that's 877-627-4268
Fax: (216) 751-9911

ENCLOSED IS MY (OUR) DEPOSIT CHECK OF \$539.00 PER PERSON. (\$300 deposit on trip; \$239 for OPTIONAL, NON-REFUNDABLE, travel insurance.**) **Payable to: The Catholic Tour**

Promoter: Re. Dennis Donovan, SDB **Name of Trip: Salesian Heritage Tour** **Date of Trip: Oct. 29 – Nov. 8, 2012**

PILGRIM INFORMATION: Please print. **Include a copy of the picture page of your Passport(s).**

1 _____ 2 _____

Name(s) as it/they appear on your passport(s)

Address City State Zip: _____ Apt. # _____

U.S. Passport #s: _____ I (we) am (are) buying the Land Only Package
(No Air Included)

Home Phone: _____ Business Phone: _____

Fax: _____ E-mail address: _____

ROOM ASSIGNMENT INFORMATION:

Single Room * (supplement cost as per itinerary): YES _____ NO _____ I need a roommate _____
(Check)

Double Room: YES _____ NO _____ If yes, name of roommate: _____

Smoker: YES _____ NO _____ Date of Birth: 1 _____ 2 _____

Male or Female: M _____ F _____ Special Diet: _____

Handicap information: _____

TRAVEL INSURANCE:

Travel Insurance (recommended) YES _____ NO _____ (If No, sign below.)

I hereby decline travel insurance and I understand that I am assuming any financial loss associated with my travel arrangements which otherwise may have been covered by travel insurance. *Signatures required.*

1. _____ 2. _____

(Signatures required)

CONNECTING DOMESTIC FLIGHT:

The Catholic Tour arranges the international air and land packages for our pilgrimages, but does not make the domestic connecting flights to and from your home city to the gateway (departure) city. In making your domestic airfare arrangements, please confer with us first as to the status of our international group seats. For domestic airfare tickets we can refer you to an agency that we work closely with. THE CATHOLIC TOUR ADVISES AGAINST SUPER -SAVER FARES. NOTE: The Catholic Tour is not responsible for any domestic connecting flights booked on-line, through any travel agencies or for non-refundable fares. Domestic airfare will not be covered by our optional travel insurance.

EMERGENCY CONTACT: NAME: _____ Phone: _____

(Not traveling with you)

Relationship: _____ Address: _____

City: _____ State: _____ Zip: _____

CREDIT CARD PAYMENT AUTHORIZATION Amount: \$ _____

Visa / MasterCard / Discover Card # _____

Expiration date (Month): _____ (Year): _____ 3 digit code on back of card: _____

Signature _____ Date: _____

Please review the Terms and Conditions for explanation of cancellation policy, final deposit information, etc.

I have read and agree to the Terms and Conditions. **ALL PASSENGERS MUST SIGN THIS FORM.**

1. _____ 2. _____

(Signatures required) If under age 18, parent or guardian must sign.

* Limited number of single rooms available. **Tour price does not include optional travel insurance.

Passenger Reservations and deposits are due no later than 95 days prior to departure (July 26, 2012).

Final payment is due no later than 65 days prior to departure (August 24, 2012).

Consumer Disclosure Notice and Consent Agreement

I understand that the airline tickets or air tours I am purchasing is a group tour where airline tickets are purchased as a group and not on an individual basis when I make my reservation and payment for the tour. I understand that these travel products and services being purchased may be subject to additional surcharges, cost increases, and fees imposed by individual travel suppliers or government entities after my purchase date. I understand that I may be charged the post-purchase amounts by The Catholic Tour for reasons varying from currency exchange fluctuations to fuel surcharges and new travel taxes, or any combination thereof.

I hereby consent to these post-purchase price increases for such additional amounts. I authorize The Catholic Tour to send me an invoice and I agree to promptly pay this by personal check, money order or cashier's check before I receive my travel documents.

1 _____ 2 _____
(Signature) (Signature)

1 _____ 2 _____
(Print Name) (Print Name)

Date: _____

The Catholic Tour LLC
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