

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 \$489.00 PER PERSON. (\$300 deposit on trip; \$189 for OPTIONAL, NON-REFUNDABLE, travel insurance - or \$539.00 for tours \$3,001 or more.***) **Payable to: The Catholic Tour**

Name of Trip: _____ **Date of Trip:** _____

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 (we) want a Cabin Upgrade
(Cruises only)

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

Smoker: YES _____ NO _____ Age: _____ I need a roommate _____
(Check)

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:

I (we) would like The Catholic Tour to arrange my (our) domestic air ticket (round-trip connection flights) from my (our) Home City to Departure City and understand I (we) will assume all penalties involved with changes made in said domestic ticketing. I (we) will be leaving from the following **Home City:** _____

I will handle my (our) own connecting flights to gateway (THE CATHOLIC TOUR ADVISES AGAINST SUPER -SAVER FARES).
NOTE: The Catholic Tour is not responsible for any domestic connecting flights booked by other travel agencies or non-refundable fares.

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, airport departure tax, fuel surcharge, and port dues if a cruise is in the itinerary. **Departure tax and fuel surcharges both of which are subject to change up until the time the group seats are purchased by The Catholic Tour, typically 60-30 days prior to departure.** Passenger Reservations due 95 days prior to departure.
Final payment is due no later than 65 days prior to departure.