PASSENGER RESERVATION FORM / CONTRACT
VACATIONS FOR CATHOLICS

Mail to: **Vacations For Catholics** **Tel: (216) 751-8183**
21625 Chagrin Blvd. #210 **Tel: (888) 878-8187 Toll Free**
Beachwood, OH 44122 **Fax: (216) 751-9911**

ENCLOSED IS MY (OUR) DEPOSIT CHECK OF $439.00 PER PERSON. ($300 deposit on trip; $139.00 for OPTIONAL, NON-REFUNDABLE, travel insurance.**) **Payable to: Vacations For Catholics**

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

PASSENGER 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

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

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 if declining insurance.*

1. _____ 2. _____
(Signatures required)

CONNECTING DOMESTIC FLIGHT:

☐ I (we) would like Vacations For Catholics 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 (VACATIONS FOR CATHOLICS ADVISES AGAINST SUPER -SAVER FARES). NOTE: Vacations For Catholics 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 ☐ **Deposit Credit Card Payment Authorization: Amount: $_____**
Please check box(es) √

☐ **Final Payment Credit Card Authorization For Balance Due (balance must be paid 65 days prior to departure)**

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 charges if a cruise is in the itinerary. **Final payment is due no later than 65 days prior to departure.**