

PORTSMOUTH DIOCESAN PILGRIMAGE TO LOURDES 2021

Under the leadership of Bishop Philip Egan



19 JULY 2021 | **4 NIGHTS** | **BY AIR FROM BOURNEMOUTH AIRPORT**

 **£695** | **HOTEL LA SOLITUDE**

Price Includes

- Direct flight from Bournemouth Airport to Lourdes and return
- Private coach transfer on arrival to your hotel and return
- 4 nights accommodation at Hotel La Solitude
- Breakfast, lunch and dinner served each day
- Airport taxes & charges, UK government levy and Lourdes city tax
- Full religious programme facilitated by Joe Walsh Tours in conjunction with the Spiritual Director, Fr. PJ Smith
- One standard piece of check-in luggage subject to airline's conditions

BOOKING PROCEDURE

All bookings on the Pilgrimage should be made through Fr PJ Smith in the Pilgrimage Office, tel: 07780 221686, email: lourdes@portsmouthdiocese.org.uk. No booking is definite until we have received a completed booking form, a non-refundable deposit and until this deposit is received by the JWT Pilgrimage Office. Please use international mail service for all correspondence.

VERY IMPORTANT:

PILGRIMS WITH A MEDICAL CONDITION SHOULD OBTAIN AN APPLICATION FORM FROM:

Fr PJ Smith,

St Johns Cathedral, Bishop Crispian Way,
Portsmouth, PO1 3HG

Telephone: 07780 221686

Email: lourdes@portsmouthdiocese.org.uk

Guidance on how to complete it is contained within the form.

PLEASE NOTE: Assistance on the journey and in Lourdes can be offered only to registered assisted pilgrims and to a limited number of registered assisted pilgrims staying in hotels.



PLEASE RETURN BOOKING FORMS TO: Fr PJ Smith, St Johns Cathedral, Bishop Crispian Way, Portsmouth, PO1 3HG

www.joewalsh tours.co.uk | 0203 4680617 | info@joewalsh tours.co.uk

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TRAVEL INSURANCE:

Travel insurance is charged at £29 for persons up to 85 years old. Please note that an additional insurance premium of £29 is charged for persons aged 86-94 years and that persons 95 years and over should contact this office to have their insurance policy confirmed. Should you wish to contract our travel insurance, please tick the appropriate box on the booking form. A copy of the insurance policy will be forwarded to you with confirmation of your booking and we would ask you to read this carefully to be aware of your exact cover. If you are taking prescribed medication of any kind or you have a diagnosed medical condition of any kind your GP must certify you fit to travel under the terms of the travel insurance. A medical declaration form will be forwarded to you with your confirmation invoice.

HOTELS:

We have made arrangements to reserve the best accommodation available in a good range of hotels, well known for their kind attention and good service. Please note the cost is based on sharing a twin, treble or 4-bed room with private facilities. We will make every effort to provide the hotel requested. However, all hotels are subject to availability at time of booking

SINGLE ROOMS:

These are very limited and subject to availability at a supplementary charge of £38 per night for the hotel La Solitude. Your kind cooperation in agreeing to share a twin, treble or 4-bed room, if at all possible, will be much appreciated.

MEDICAL & OTHER MISCELLANEOUS CHARGES:

At the time of going to print (October 2019), all travellers must have a European Health Insurance card (EHIC). This card can be applied for or renewed online at www.ehic.org.uk. Please read your insurance cover carefully – it is vitally important to complete a Medical Declaration Form if you have a medical condition which has required medical advice, treatment, medication or hospitalisation. This form must be signed by your GP.

NOTICE TO PASSENGERS:

The flying time to Lourdes is approximately 2 hours 20 minutes. A buy-on-board catering system is available on flights to and from Lourdes.

PASSPORT:

EVERY PERSON TRAVELLING TO FRANCE MUST HAVE A VALID UP-TO-DATE PASSPORT. If you already have a passport, please check now that it will be valid for travel six months on the date you travel.

BALANCE OF FARE:

Balance of fare is due TWELVE WEEKS before departure date. Joe Walsh Tours shall be entitled at their discretion to treat as cancelled any booking in respect of which the balance of fare shall not have been remitted twelve weeks before the date of departure.

FINAL INSTRUCTIONS:

Full information and air tickets, luggage labels will be sent to you within 10 days prior to the departure date of the Pilgrimage. Final flight timings will be confirmed at this point.

WHEELCHAIRS:

Wheelchairs are not covered under standard travel insurance. We recommend separate cover. Joe Walsh Tours must be advised if you intend taking a motorised wheelchair or motorised scooter to Lourdes. Acceptance will be subject to any weight restrictions imposed by the airline. Full details of weight and dimensions must be registered at time of booking.

USE OF YOUR INFORMATION:

Information provided on this form will be held and exchanged between Joe Walsh Tours, the diocese and its associated organisations. It may be shared with third parties associated with Lourdes. 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:

As per European GDPR regulation, by signing this form you are providing Joe Walsh Pilgrimages Ltd consent to process your personal information. A full copy of our Privacy Policy is available on request.

REGULATION (EC) 261/2004:

At the time of going to print (October 2019), the following EU legislation applies in relation to EC261. Regulation (EC) 261/2004 of the European Parliament and of the European Council establishes common rules on compensation and assistance to passengers in the event of denied boarding, cancellation or long delay of flights. The obligations that the regulation creates rests with the operating carrier who performs or intends to perform a flight. Any compensation that may be due to passengers in case of a delay must be claimed exclusively by the passenger and directly to the airline.

YOUR FINANCIAL PROTECTION:

Customers' prepayments are protected by the top policy subject to the terms and conditions of the policy. In the unlikely event of financial failure please contact the claims helpline on +44(0)1702 811397. A copy of the policy is available on request from your travel organiser.

This policy is provided by Travel & General Insurance Services Limited (t&g), registered number 02527363 and underwritten by Hiscox SA, (reference number RCS Luxembourg B217018). Hiscox SA is subject to the supervision of the Commissariat aux Assurances with its branch in Ireland being registered with the Companies Registration Office (company number 908784) and regulated by the Central Bank of Ireland (reference C184313). t&g are authorised and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (number 113849).



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19 JULY 2021 | 4 NIGHTS | BY AIR

Ref #

OFFICE USE ONLY

Section 1: Passport Details

Please use your first name and surname as it appears on your passport.
Your passport must be valid for at least 6 months on the date you travel.

Surname	First Name	Title	Valid EHIC Number (in date)	Date of Birth

Section 2: Contact Details

Address of first named person only (Please use BLOCK CAPITALS):

Telephone number:

Mobile phone number:

Email

Parish:

Emergency contact name:

Emergency telephone number:

Section 3: Hotel Details

Please indicate the sleeping arrangements of your choice. Rooms are subject to availability at the time of booking

<input type="checkbox"/> Single room*	<input type="checkbox"/> Twin room
<input type="checkbox"/> Treble room (three single beds)	<input type="checkbox"/> Four-bed room
Are you willing to share with another person?:	
Name of person (if known):	

Please indicate if you are either of the following:

<input type="checkbox"/> Registered Support Pilgrim	<input type="checkbox"/> A companion to a registered support pilgrim
If you are a companion, please provide the name of the registered support pilgrim: _____	

*Single supplements apply please see page 2 for details



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Section 4: Insurance Details

Yes, I require travel insurance <input type="checkbox"/>	No, I do not require travel insurance <input type="checkbox"/>
Please indicate your age so we can determine the type of travel insurance required	
<input type="checkbox"/> I am <u>under</u> 85 years of age (£29)	<input type="checkbox"/> I am 85 years of age or <u>over</u> (£58)
<i>Persons aged 95 or over should apply to Joe Walsh Tours for confirmation and details of cover.</i>	
If you already have travel insurance, please provide the following details.	
Name of the insured:	Insurer (Company):
Policy Number:	Emergency Phone Number:
EHIC card: Please ensure that you have a valid EHIC (European Health Insurance Card) www.ehic.org.uk	

PLEASE NOTE: Wheelchairs are not covered under your travel insurance. Separate cover is recommended

Section 5: Medical Details

Please complete the questionnaire below. If you are currently on medication of any kind, it is your responsibility to ensure you have an adequate supply with you for the duration of your pilgrimage.

	1 st passenger	2 nd passenger	3 rd passenger	4 th passenger
Any visual impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any hearing impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you board a coach unaided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require a walk-in shower?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require assistance boarding via the steps of an aircraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to the above, will you bring your own?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require a wheelchair in Lourdes? <i>(must be booked in advance)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are wheelchair bound and staying in hotel accommodation, you must advise us in writing and tick here:	<input type="checkbox"/> Yes, I am wheelchair bound & staying in a hotel	<input type="checkbox"/> Yes, I am wheelchair bound & staying in a hotel	<input type="checkbox"/> Yes, I am wheelchair bound & staying in a hotel	<input type="checkbox"/> Yes, I am wheelchair bound & staying in a hotel

Please specify if you have any special dietary requirements:

Please note: If you have a medical condition which has required medical advice, treatment, medication or hospitalisation, you must fill out a Medical Declaration Form. The form must be signed by your GP and can be obtained by contacting Fr PJ Smith; email lourdes@portsmouthdiocese.org.uk or phone 07780 221686.



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Section 6: Payment Details

Is this your first pilgrimage with the Diocese of Portsmouth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PAYMENT DEPOSIT: I enclose £200 being deposit(s) for <input type="text"/> (insert number) person(s). Please note: The required minimum deposit of £200 per person is NON-REFUNDABLE on cancellation of booking		
CHEQUE: All cheques should be made payable to Joe Walsh Tours.		
CREDIT CARD/DEBIT CARD: I wish to pay by credit card/debit card. Please debit my credit/debit card for the amount of £ _____ being deposit(s) and travel insurance premium(s) for <input type="text"/> person(s) (insert number of people).		
Should you prefer to make a credit/debit card payment over the phone, please contact our office on 0203 4680617.		
Card Type:		
Card Holder's Name:		
Card No:		
Card Expiry Date:		
3 digit security code (from back of card):		
Please note: vouchers are only accepted against the final balance.		

INFORMATION PROVIDED ON THIS FORM WILL BE HELD AND EXCHANGED BETWEEN JOE WALSH TOURS, THE PORTSMOUTH DIOCESAN PILGRIMAGE TO LOURDES AND ITS ASSOCIATED ORGANISATIONS, AND MAY BE SHARED WITH THIRD PARTIES ASSOCIATED WITH LOURDES. INFORMATION PROVIDED MAY ALSO BE USED TO CONTACT YOU, E.G. , BY TEXT / EMAIL, DETAILS / UPDATES CONCERNING THE PILGRIMAGE.

The pilgrimage provides support and medical assistance only to officially registered Supported Pilgrims. It is vitally important to advise us at the time of booking if you have an active medical condition and are likely to require the use of a wheelchair and assistance either at the airport or whilst in Lourdes.

I accept the booking conditions of Joe Walsh Tours which can be found on www.joewalsh tours.co.uk.

Signature: _____ Date: _____

Passport details required for each passenger on this booking form ▶▶▶

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Section 7: Passport Details Required by Airline

Please use your first name and surname as it appears on your passport.
Your passport must be valid for at least 6 months on the date you travel.

Passenger 1

First Name:	Surname:
Document Type (e.g passport etc):	Document Number:
Document Expiry Date (dd/mm/yyyy):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of Issue:	Nationality:
Date of Birth (dd/mm/yyyy):	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Passenger 2

First Name:	Surname:
Document Type (e.g passport etc):	Document Number:
Document Expiry Date (dd/mm/yyyy):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of Issue:	Nationality:
Date of Birth (dd/mm/yyyy):	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Passenger 3

First Name:	Surname:
Document Type (e.g passport etc):	Document Number:
Document Expiry Date (dd/mm/yyyy):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of Issue:	Nationality:
Date of Birth (dd/mm/yyyy):	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Passenger 4

First Name:	Surname:
Document Type (e.g passport etc):	Document Number:
Document Expiry Date (dd/mm/yyyy):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of Issue:	Nationality:
Date of Birth (dd/mm/yyyy):	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	



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