



# LATIN PATRIARCHATE PILGRIMAGES

MEET THE LIVING STONES AND RENEW YOUR FAITH

Office use only

Inv No. \_\_\_\_\_

notes

## RESERVATION FORM - Latin Patriarchate Pilgrimages USA

# Catholic Daughters of the Americas 2017

Full Pilgrimage Package | October 22<sup>nd</sup> - Nov 3<sup>rd</sup> 2017 | \$3450 per person sharing  
New York - Dublin - New York

### Passenger Details (Details below **MUST** match those on **passports**, passengers should hold a valid passport & visa where required)

<b>Passenger # 1</b>	<b>Title:</b>	<b>First Name:</b>	<b>Middle Name / Initial:</b>
<b>Last Name:</b>	<b>Date of Birth:</b> MM-DD-YYYY	<b>Passport Number:</b>	<b>exp. Date:</b> MM-DD-YYYY
<b>Country of Issuance:</b>	<b>Require Insurance:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Room Type:</b> TW DB SI TR	
<b>Passenger # 2</b>	<b>Title:</b>	<b>First Name:</b>	<b>Middle Name / Initial:</b>
<b>Last Name:</b>	<b>Date of Birth:</b> MM-DD-YYYY	<b>Passport Number:</b>	<b>exp. Date:</b> MM-DD-YYYY
<b>Country of Issuance:</b>	<b>Require Insurance:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Room Type:</b>	
<b>Passenger # 3</b>	<b>Title:</b>	<b>First Name:</b>	<b>Middle Name / Initial:</b>
<b>Last Name:</b>	<b>Date of Birth:</b> MM-DD-YYYY	<b>Passport Number:</b>	<b>exp. Date:</b> MM-DD-YYYY
<b>Country of Issuance:</b>	<b>Require Insurance:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Room Type:</b>	
<b>Room types:</b> Please circle the desired room type for each Passenger above. <b>TW</b> (Twin Room) <b>DB</b> (Double Room) <b>SI</b> (Single Room) <b>TR</b> (Triple .Room) <b>Single Rooms incur an additional supplement of \$730 &amp; are subject to availability</b>			
<b>Special Requests</b> (Room type, Diet Needs etc.) <i>We will endeavor to meet your requests but unfortunately they are requests and are not taken as confirmed.</i>			
In case of emergency please notify:		phone number:	

### Lead Passenger Details (of the first Named passenger above to whom all correspondence will be sent)

Address:
State:
City:
Zip Code:
Cell Phone:
Phone:
Email:

### Payment Details (This Booking Form must be accompanied by a deposit of \$500 per person)

Deposits	x _____ passengers =	\$ _____
Full Payments	x _____ passengers =	\$ _____
Total enclosed	\$ _____ .Bank Trans <input type="checkbox"/>	credit card <input type="checkbox"/>

### Card Details

Card Holder Name: _____
Card Number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Exp Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Security Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

A copy of the Credit card front & back, passport for each registered passenger in this form

### **WE STRONGLY SUGGEST THAT YOU PURCHASE TRAVEL INSURANCE**

**Balance of the cost is due 8 weeks prior to departure.**

### To be completed by the Client

I have carefully read the Terms and Conditions on the back of this reservation form and the booking information sections of this document, and fully understand its contents. I warrant and represent that all of the information provided by me is true and accurate and that I have been authorized by all persons named on this reservation form to execute this agreement on their behalf and accordingly, I sign my name both as their agent and on my own behalf. **I/we have been offered Travel Insurance** for this pilgrimage by the organizer. If I/we do not take the Organizer's insurance, I/we agree to indemnify the Organizer for any costs that arise which would otherwise have been met had the Organizer's insurance been taken. Where card details are provided I authorize Latin Patriarchate Pilgrimages to charge the "Total enclosed" amount outlined in the *Payment Details* section.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return to Latin Patriarchate Pilgrimages - LeAnn@lpjp.org  
P.O. Box 2015 Lawrenceville GA. 30046 Tel. 410-897-2538