

**PASSENGER RESERVATION FORM / CONTRACT**



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

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

**ENCLOSED IS MY (OUR) DEPOSIT CHECK OF \$300.00 PER PERSON.** [IF PURCHASING OPTIONAL NON-REFUNDABLE TRAVEL INSURANCE (PER PERSON): if Total Tour Cost is \$3501-\$4000 **ADD \$245.** / if Total Tour Cost is \$4001-\$4500 **ADD \$278.** / if Total Tour Cost is \$4501-\$5000 **ADD \$322.** ]

**Make Check Payable to: The Catholic Tour**

**Spiritual Director: Most Reverend Paul R. Sanchez**

Name of Trip: **The Canonization of Pope John Paul II & Pope John XXIII** Date of Trip: **April 21 – 28, 2014**

**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 responsible for any cancellation penalties and out-of-pocket expenses incurred. I will also make my own provisions in the event of an emergency while I am traveling. Signatures required below:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
(Signatures required)

**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 travel insurance, tips, border taxes or travel visa fees.

**Passenger Reservations and deposits are due no later than 95 days prior to departure (1/16/14).**

**Final payment is due no later than 65 days prior to departure (2/14/14).**

## 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: \_\_\_\_\_

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