



# PASSENGER RESERVATION FORM / CONTRACT



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

Toll Free: 877-MARIAN TOUR (627-4268)  
Tel: (216) 751-8301  
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) **PAYABLE TO:** The Catholic Tour

**Name of Trip:** Rome, Assisi, Florence, w/ Capuchin Province of New Jersey. **Date of Trip:** Nov. 2 to Nov 12, 2010

**Pilgrim Information:** Please Print Legibly. INCLUDE a copy of the picture page of your passport(s).  
Please write name(s) as it/they appear on your passport(s):

1. \_\_\_\_\_ 2. \_\_\_\_\_

Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_

US Passport: 1. \_\_\_\_\_ 2. \_\_\_\_\_  Buying Land-Only Package

Home/Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Room Assignment Information:**

Single Room\* (supplement cost as per itinerary):  YES  NO Age(s): \_\_\_\_\_  I need a roommate  I/We want a cabin upgrade

Double Room:  YES  NO If Yes, name of roommate: \_\_\_\_\_ Smoker:  YES  NO

Male  Female Special Diet: \_\_\_\_\_

Handicap Information: \_\_\_\_\_

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. **(Signature(s) required)**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Connecting Domestic Flight:**

I(we) would like The Catholic Tour to arrange my(our) domestic air ticket(s) (round-trip connection flights) from my(our) Home City to our nearest departing airport and I(we) assume all penalties involved with changes made in said domestic ticketing.

I(we) will be leaving from: \_\_\_\_\_ I wish to depart from:  NYC-JFK  Phila.  Charlotte<sup>Ⓜ</sup>  Tampa<sup>Ⓜ</sup>

I(we) will handle my(our) own connecting flight(s) to the departure airport. The Catholic Tour advise 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: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Not traveling with you)

Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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.  
If Under 18, parent or guardian must sign

1. \_\_\_\_\_ 2. \_\_\_\_\_

\*Limited number of single rooms available. ⓂAdd \$250 for Charlotte, \$350 for Tampa departure. \*\*Tour price of \$2,349 does not include optional travel insurance, airport departure tax, fuel surcharge, and port dues if a cruise is in the itinerary. Departure taxes and fuel surcharges are subject to change up until the time the group seats are purchased by the Catholic tour, typically 30 days prior to departure. Final payment is due no later than 65 days prior to departure.