

# 62<sup>ND</sup> WATERFORD & LISMORE DIOCESAN LOURDES PILGRIMAGE 2020



Under the Leadership of Most Rev. Bishop Alphonsus Cullinan

Book online [www.joewalstours.ie](http://www.joewalstours.ie) & you can avail of a **€10 Discount** (not applicable to group bookings)\*

## 3<sup>rd</sup> - 8<sup>th</sup> JUNE 2020

# €785

HOTEL LA SOLITUDE | HOTEL ST SAUVEUR | HOTEL PADOUE  
HOTEL AGENA | HOTEL LOUIS DE FRANCE | HOTEL PANORAMA

### COST TO INCLUDE:

- Coach transfer to / from Cork Airport
- Air travel Cork / Lourdes return
- Transfer and assistance between Lourdes Airport and your hotel on arrival and departure
- Full board and accommodation in Lourdes
- Airport tax
- Free comprehensive Travel insurance
- Waterford Pilgrimage Badge
- Representatives from Joe Walsh Tours will ensure all Pilgrims receive a very high standard service throughout the pilgrimage

### BOOKING PROCEDURE

All Bookings on the Pilgrimage should be made through Joe Walsh Tours office, **143 Lower Baggot Street, Dublin 2. Tel: 01 241 0802.** No booking is definite until we have received a completed booking form and €200 non-refundable deposit and until this deposit is receipted by our office. **Please note that vouchers are only accepted against the final balance.**

### VERY IMPORTANT:

**Pilgrims who would like to travel with the Special Assisted Section for the Sick - should apply for an application form to:**

**Clonmel:** Mary Anne Hartigan, Mylerstown, Powerstown, Clonmel Tel 052 6123207

**Dungarvan:** Noel Devereux, 43 Mary Street, Dungarvan, Co. Waterford Tel: 087 257 2850 / (058) 41113

**Waterford:** Mary Power, 4 Chestnut Close, Viewmount, Waterford. Tel: 086 068 5213

This special assisted/sick section is accommodated at the Accueil Notre Dame (Hostel for the sick in Lourdes). **Acceptance for travel with the special section for the sick is subject to approval of the Pilgrimage Medical Board.**

### PLEASE NOTE:

**Cheques should be made payable to Joe Walsh Pilgrimtours Ltd.**

*\*By booking online and receiving the €10 discount per person you agree to receive all booking documentation in electronic form, including but not limited to invoices and airline tickets. Documents by post incur an additional fee to be charged at the time of request.*



PLEASE RETURN BOOKING FORMS TO: Joe Walsh Tours, 143 Lower Baggot St, Dublin 2

[www.joewalstours.ie](http://www.joewalstours.ie) | 01 241 0802 | [info@joewalstours.ie](mailto:info@joewalstours.ie)

FOLLOW US ON SOCIAL MEDIA: [f](#) Joe Walsh Tours Pilgrimages [t](#) @JWTPilgrimages

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## 3<sup>rd</sup> - 8<sup>th</sup> JUNE 2020 | PILGRIM & STAFF BOOKING FORM

Ref

Office Use Only

FIRST NAME AND SURNAME AS IT APPEARS ON YOUR PASSPORT

Surname (BLOCK CAPITALS)	Christian Name	Title	Address of first named person only (BLOCK CAPITALS)	Date of Birth

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_ **Passport expiry date:** \_\_\_\_\_

Name of emergency contact while abroad: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Category being Booked - please tick ( ✓ )

Pilgrim	<input type="checkbox"/>	Brancardier	<input type="checkbox"/>	Youth	<input type="checkbox"/>	Cairde	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Student Nurse	<input type="checkbox"/>	Nurse Assistant	<input type="checkbox"/>
Priest	<input type="checkbox"/>	Handmaid	<input type="checkbox"/>	Choir	<input type="checkbox"/>	Cara	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Youth Leader	<input type="checkbox"/>	Other	<input type="checkbox"/>

Coach Transfer to / from Cork Airport

I will travel to/from Cork Airport by **CAR**  I will require **COACH** transfer to/from Cork Airport

I require Coach Pick up / Drop off at:

Waterford	<input type="checkbox"/>	Kilmeadan	<input type="checkbox"/>	Leamybrien	<input type="checkbox"/>	Dungarvan	<input type="checkbox"/>	Clonmel	<input type="checkbox"/>	Cahir	<input type="checkbox"/>
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Hotels Available: Please indicate the hotel of your choice – Hotels subject to availability at time of booking

Hotel La Solitude	<input type="checkbox"/>	Hotel St. Sauveur	<input type="checkbox"/>	Hotel Louis De France	<input type="checkbox"/>		
Hotel Agena	<input type="checkbox"/>	Hotel Panorama	<input type="checkbox"/>	Hotel Padoue	<input type="checkbox"/>		
Single Room*	<input type="checkbox"/>	Twin Room	<input type="checkbox"/>	Treble Room (3 single beds)	<input type="checkbox"/>	4 Bed	<input type="checkbox"/>

Willing to share (ie. share with another person): Yes  No  Name (if known) \_\_\_\_\_

Address (if known) \_\_\_\_\_

N.B. Please indicate if you are travelling with an official invalid: Yes  No

**DEPOSIT:** I enclose € \_\_\_\_\_ being deposit(s) for \_\_\_\_\_ Person(s).  
The required minimum deposit of **€200** per person is NON-REFUNDABLE on cancellation of booking.

It is vitally important to complete a Medical Declaration Form if you have a pre-existing medical condition of any kind or you are taking prescribed medication. This form must be signed by your GP. Once signed please keep this form with your travel documents. The travel insurance provided with this package covers only those resident in Ireland. It is the responsibility of each individual passenger to ensure compliance with the terms of the insurance cover. The form can be obtained from Joe Walsh Tours.

If you are wheelchair bound or intend taking a wheelchair to Lourdes you must advise us in writing. You must also tick ( ✓ ) here   
\*Insurance cover upper age limit 85 years. 86-94 years will incur a premium of €29. Over 94 years private cover must be secured.

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:** Wheelchairs are not included in your travel insurance. Acceptance is subject to confirmation.

\*Single room subject to availability hotel supplement applies

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## INSURANCE:

We will automatically insure all eligible persons on booking. Free insurance is included. 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. Upper age limit 85 years, 86-94 years will incur a premium of €29, over 94 years private cover must be secured. The insurance cover is provided free of charge as part of the package for those up to 85 years, a refund is not possible if you have alternative cover. The travel insurance provided with this package covers only those resident in Ireland. It is the responsibility of each individual passenger to ensure compliance with the terms of the insurance cover.

## MEDICAL & OTHER MISCELLANEOUS CHARGES:

In line with the requirements of the Travel Insurance cover provided, if you have a pre-existing medical condition of any kind or you are taking prescribed medication, a Medical Declaration Form must be completed and signed by your GP. This form must also be produced in Lourdes in the event of any treatment/hospitalisation or subsequently at the request of the insurers in the event of a claim. A copy of the Medical Declaration form will be forwarded to you with your confirmation invoice. All pilgrims must also have a **European Health Insurance card (EHIC)** formerly E111. This is available free of charge from your local health board or you can apply online [www.hse.ie](http://www.hse.ie).

## CANCELLATIONS:

All cancellations will incur an excess charge of €200.

## 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, and, indeed, well known to Irish Pilgrims. Please note the cost is based on sharing a twin or treble room with private facilities. We will make every effort to provide the hotel requested. However, these are subject to availability at time of booking.

## SINGLE ROOMS:

**These are very limited and subject to availability.** Hotels Agena, St. Sauveur & Louis de France at a supplementary charge of €155. Hotels La Solitude, Padoue and Panorama at a supplementary charge of €180. Your kind co-operation in agreeing to share a twin or treble room, if at all possible, will be much appreciated.

## LOURDES CITY TAX:

The French Government have introduced a new City Tax which applies to all tourists/pilgrims over 18 years. The current rates are €1.50 per person per night in 3-star hotels and €2.10 per person per night in 4-star hotels. This tax applies to all hotels throughout France and it will be charged directly by your hotel and is payable at the hotel reception.

## FLIGHTS:

We cannot accept special requests for specific flights. It must be clearly understood that bookings are taken on the basis of pilgrims accepting the flight allocated to them. Amendment charge to any bookings €30 per person.

## NOTICE TO PASSENGERS:

If you do not wish to purchase a snack on board the aircraft perhaps you could consider bringing your own snack with you for convenience. Flying time to Lourdes is approximately 2hrs 10 minutes.

## DELAYED OR CANCELLED FLIGHTS:

**Joe Walsh Tours** and the Pilgrimage Committee cannot accept any responsibility for cost incurred by pilgrims for meals, transfers, overnight accommodation or any other costs resulting from delayed, cancelled or diverted flights.

## 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. To obtain a new passport please apply to the Passport Office in Dublin or Cork City. If you do not possess an EU passport you will need to check visa requirements

## BALANCE OF FARE:

**This is due not later than the 1<sup>st</sup> April 2020. The Pilgrimage Committee 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 prior to 1<sup>st</sup> April 2020.**

## FINAL INSTRUCTIONS:

Full information, air tickets and luggage labels will be sent to you within 10 days prior to the departure date of the Pilgrimage.

## WHEELCHAIRS:

Wheelchairs are not included in your travel insurance cover. We recommend separate insurance cover.

## MOTORISED WHEELCHAIRS / SCOOTERS:

**Joe Walsh Tours** must be advised at time of booking if you intend taking a motorised wheelchair / scooter to Lourdes. Acceptance will be subject to any weight or dimension restrictions imposed by the Airline. Wheelchairs are not covered by the standard travel insurance. We recommend separate cover. Carriage of all wheelchairs is strictly at owner's risk.

## USE OF YOUR INFORMATION:

Information provided on this form will be held and exchanged between Joe Walsh Tours, your pilgrimage organisation to Lourdes 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 Pilgrimage Tours 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.



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THIS MUST BE COMPLETED BY YOUR **GENERAL PRACTITIONER** IF **YOU** HAVE A PRE-EXISTING **MEDICAL CONDITION** AT THE TIME OF BOOKING, OTHERWISE **YOUR** CONDITION WILL BE EXCLUDED, IT MUST ALSO ACCOMPANY **YOU** ON **YOUR TRIP**. IN THE **EVENT** OF A MEDICAL OR **CURTAILMENT CLAIM YOU** WILL BE ASKED TO PRODUCE A COPY OF **YOUR** MEDICAL DECLARATION FORM.

## Joe Walsh Tours Pilgrimage Travel Insurance Medical Declaration Form

PLEASE COMPLETE IN BLOCK CAPITALS AND SIGN BELOW. **YOU** MUST GIVE FULL AND TRUE ANSWERS TO ALL QUESTIONS. **YOUR COVER** COULD BE INVALID IF **YOU** PROVIDE **US** WITH INCORRECT OR INCOMPLETE INFORMATION.

### Personal Details

INSURED'S TITLE	MR / MRS / MS	TELEPHONE	
INSURED'S NAME			
ADDRESS			
DATE OF BIRTH		OCCUPATION	

G.P.'S NAME		TELEPHONE	
ADDRESS			

### Trip Details

DATES OF <b>TRIP</b>	FROM		TO	
DESTINATION			NUMBER OF DAYS	

### General Practitioner Use Only

#### GP's Note

Please do not sign this form if in your professional opinion, the **Insured** may not be able to undertake the **Trip** or if the **Insured** is travelling with the intention of receiving pre-booked medical treatment.

- At the time of signing, I know of no medical reason why the **Insured** should not fly and partake in the intended **Trip**.

Signature General Medical Practitioner \_\_\_\_\_

Date \_\_\_\_\_

**Under no circumstances should you back date this form.**

### Declaration

- I declare that I am not travelling against the advice of a medical practitioner and that I have consulted my regular GP concerning the **Trip** that I am planning to undertake.
- I declare that my regular GP has declared that I am fit to travel and able to partake in the planned **Trip** and that my medical records have been noted accordingly.
- I declare that I am not travelling with the intention of having medical treatment **Abroad**.
- I confirm that I will take adequate supplies of any medication that I am currently taking and that I will follow the usual medical regime required for my condition.
- I confirm that the above information is true and accurate and authorise the Underwriter/Insurer to approach my GP and obtain any information they may require from my medical records.

Signature \_\_\_\_\_

PLEASE PRINT NAME HERE \_\_\_\_\_ Date \_\_\_\_\_

**This section only needs to be submitted to the claim adjusters in the event of a claim.**

**This document is strictly confidential and no content is permitted to be shown, copied, extracted or forwarded to any third party without the prior written consent of MAPFRE Assistance or Blue Insurance Limited.**

**WHEN SIGNED BY YOUR GP. PLEASE RETAIN THIS FORM WITH YOUR TRAVEL DOCUMENTS**