

# DIOCESE OF CLOGHER 2020 PILGRIMAGE TO LOURDES



PILGRIMAGES ABROAD  
LAURI DUFFY TRAVEL



Joe Walsh Tours

Led by Most Rev. Bishop Lawrence Duffy  
Spiritual Director: Very Rev. Noel McGahan P.P. Clogher.  
Pilgrimage Director: Mr. Brian Armitage, Lisnaskea

**3 - 8 JULY 2020 | FROM BELFAST AIRPORT | €770 (OR STERLING EQUIVALENT)**

## COST OF €770 INCLUDES:

- Coach transfer to/from Belfast International Airport from designated points throughout Diocese
- Air travel Belfast /Lourdes return
- Five nights accommodation in Lourdes based on sharing twin bedded rooms with facilities
- Airport tax
- All meals for the duration of your stay - meals served on day of arrival and departure at scheduled meal times
- Representatives of Pilgrimages Abroad/Joe Walsh Tours will ensure all pilgrims receive a very high standard of service throughout the pilgrimage
- Complimentary comprehensive Insurance



## BOOKING PROCEDURE:

Booking forms available from the Pilgrimage Secretary or online at [www.clogherlourdes.com](http://www.clogherlourdes.com)

This booking form, along with a deposit (minimum €300 or sterling equivalent) should be sent to the pilgrimage secretary, at the address below. Payment to be made by cash, cheque, bank draft or money order and made payable to "The Clogher Lourdes Pilgrimage Fund"

### Pilgrimage Secretary:

**Mr. John Heuston**

Gave, Macknagh, Crom Road, Lisnaskea, Co Fermanagh

**Tel:** South 048 67724329 / North 028 67724329

**Email:** [john.cdp@btconnect.com](mailto:john.cdp@btconnect.com)

**If you wish to travel in the Assisted Pilgrim section of the Pilgrimage, special application forms are available from the Pilgrimage Secretary.**

**IMMEDIATE BOOKING IS ESSENTIAL**



Joe Walsh Tours/Pilgrimages Abroad, 143 Lower Baggot St, Dublin 2, Ireland  
[www.joewalstours.ie](http://www.joewalstours.ie) | 00353 1 635 9300 | [info@joewalstours.ie](mailto:info@joewalstours.ie)

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### TRAVEL INSURANCE:

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 is available to view online at [http://pilgrimagesabroad.ie/section/Insurance\\_Documents](http://pilgrimagesabroad.ie/section/Insurance_Documents). We would ask you to read this carefully to be aware of your exact cover.

### MEDICAL & OTHER MISCELLANEOUS CHARGES:

Please note these charges in total are the direct responsibility of the pilgrim or their legal guardian/next of kin. All travellers must have a **European Health Insurance card (EHIC)** (this card can be applied for or renewed online at [www.ehic.org.uk](http://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.**

### WHEELCHAIRS:

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

### MOTORISED WHEELCHAIRS / SCOOTERS:

Due to weight restrictions we are unable to offer carriage of motorised wheelchairs or scooters on this pilgrimage. Pilgrimage volunteers may be available to assist those requiring a wheelchair in Lourdes, subject to availability. To help the pilgrimage committee plan for this, please indicate your requests on this booking form.

### CANCELLATIONS:

**All cancellations will incur an excess charge of €200 (or sterling equivalent).**

### LOURDES CITY TAX:

Lourdes city tax applies to all pilgrims over 18 years of age staying in hotels. Collection takes place during your stay and is made directly to the hotel. The current rate for 3\* hotels is €1.50 per person per night, and €2.10 per person per night for 4\* hotels.

### ACCOMMODATION:

To qualify for share basis you must nominate who you wish to share with. **If there is nobody for you to share with, we will nominate somebody on your behalf.** If we do not find anybody to share with you we reserve the right to charge a single room supplement.

### SINGLE ROOMS

These are very limited and subject to availability 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.

### NOTICE TO PASSENGERS:

Your flights will depart from/return to Belfast Airport. You will receive final notification together with travel documents approximately 10-14 days in advance when tickets are issued. The flying time to Lourdes is approximately 2 hours 20 minutes. Please ensure that you indicate on the booking form if you are not able to board or disembark a coach for transfer to or from your hotel.

### 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.

### DELAYED OR CANCELLED FLIGHTS

Pilgrimages Abroad, 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 & VISA:

**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.

Depending on your nationality you may require a visa to enter France.

### PAYMENTS:

Balance of fare is due on the **5<sup>th</sup> June 2020**. Pilgrimages Abroad, Joe Walsh Tours and 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 twelve weeks before the date of departure. Tickets can only be issued on receipt of full payment of the fare. Children aged under 2 years of age travel free of charge.

### REGULATION (EC) 261/2004:

At the time of going to print (February 2020), 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 and not Joe Walsh Tours or the Diocese of Clogher Pilgrimage to Lourdes.

### USE OF YOUR INFORMATION:

Information provided on this form will be held and exchanged between Joe Walsh Pilgrimages Ltd, The Diocese of Clogher Pilgrimage 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 Pilgrimages Ltd (trading as Pilgrimages Abroad) consent to process your personal information. A full copy of our Privacy Policy is available on request.

*By signing this form, you are confirming that you are consenting to the Diocese of Clogher Pilgrimage holding and processing your personal data and keeping you informed about the activities of the Pilgrimage. It is quite usual for photographs & videos to be taken during the pilgrimage and, from time to time, you might be included in such photographs & videos. By signing the form you permit your photograph & video to be used in any official publication managed by the Pilgrimage.*

### 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. Pilgrims are not permitted to carry more than 100ml of liquid (including Lourdes water) in their hand-luggage. Baggage allowance 23kg checked-in luggage.

### YOUR FINANCIAL PROTECTION:

Customers' prepayments are protected by the topp 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 908764) 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).



Joe Walsh Tours/Pilgrimages Abroad, 143 Lower Baggot St, Dublin 2, Ireland

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Pilgrimage Director: Mr. Brian Armitage, Lisnaskea



## 3 - 8 JULY 2020 | 5 NIGHTS | BY AIR

Ref
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Please note: This booking form is not to be used by a hospital pilgrim

Office Use Only

### Section 1: Passenger Names as per Passport

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
1					
2					
3					
4					

### Section 2: Contact Details

<b>Address of 1<sup>st</sup> Named Person only (BLOCK CAPITALS):</b>	
<b>Telephone Number:</b>	<b>Mobile Phone Number:</b>
<b>Parish:</b>	
<b>Email:</b> <input type="text"/>	
<b>Name of emergency contact while abroad:</b>	
<b>Telephone Number of emergency contact while abroad:</b>	

### Section 3: Hotel Details

<b>Single Room*</b> <input type="checkbox"/>	<b>Twin Room</b> <input type="checkbox"/>	<b>Treble Room (3 single beds)</b> <input type="checkbox"/>
<b>Willing to share (i.e. share with another person)</b> <input type="checkbox"/> <b>Name (if known):</b>		
<b>Please specify other special requirements (e.g. walk-in shower, adapted rooms, etc.). Subject to availability.</b>		
Please indicate if you have a special dietary requirement: Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten Free <input type="checkbox"/> Diabetic <input type="checkbox"/> Other <input type="checkbox"/>		
<b>If you ticked 'Other', please specify:</b>		

Please indicate if you are travelling with an official hospital pilgrim staying at the Accueil: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
If <b>Yes</b> , please provide the name of Registered Supported Pilgrim:

\*Single Room subject to availability, supplement applies, please see page 2 for details.



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## Section 4: Mobility Details

	1 <sup>st</sup> Named	2 <sup>nd</sup> Named	3 <sup>rd</sup> Named	4 <sup>th</sup> Named
Are you able to make your own way from your transport to the check in desk at the airport?	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 <input type="checkbox"/>
Will you need special assistance at the airport?	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 <input type="checkbox"/>
Are you bringing your own wheelchair?.	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 <input type="checkbox"/>

**If you are wheelchair bound and staying in hotel accommodation, please tick here must also tick here:**

You must advise us in writing, by sending a letter to: Pilgrimages Abroad, 143 Lower Baggot St, Dublin 2, Ireland, D02 PH39

## Section 5: Insurance Details

Persons aged 95 or over should apply to Joe Walsh Tours for confirmation and details of cover. EHIC card: Please ensure that you have a valid EHIC (European Health Insurance Card) [www.ehic.org.uk](http://www.ehic.org.uk).

**IT IS IMPERATIVE THAT SECTION 7 OF THIS FORM BE COMPLETED BY YOUR GP (IF APPLICABLE) TO ENSURE INSURANCE COVER.**

*Please note: Wheelchairs are not covered under your travel insurance. Separate cover is recommended.*

## Section 6: Payment Details

Is this your first pilgrimage with the Diocese of Clogher Pilgrimage to Lourdes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>PAYMENT DEPOSIT:</b>		
I enclose €300 (or sterling equivalent) being deposit(s) for <input type="text"/> (insert number) per booking.		
Please note: The required minimum deposit of €300 (or sterling equivalent) per person is <b>NON-REFUNDABLE</b> on cancellation of booking		
<b>CHEQUE:</b> All cheques should be made payable to <b>Clogher Lourdes Pilgrimage Fund.</b>		
<b>CREDIT CARD/DEBIT CARD:</b>		
I wish to pay by credit card/debit card. Please debit my credit/debit card for the amount of £ <input type="text"/>		
Card Type:	Card Holder's Name:	
Card No:	Card Expiry Date:	
3 digit security code (from back of card):		

**INFORMATION PROVIDED ON THIS FORM WILL BE HELD AND EXCHANGED BETWEEN PILGRIMAGES ABROAD, JOE WALSH TOURS, THE DIOCESE OF CLOGHER 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, FOR EXAMPLE BY TEXT/EMAIL, DETAILS/UPDATES CONCERNING THE PILGRIMAGE.**

Please turn page to view reverse ►►►



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## Section 7: Medical Details

IF YOU HAVE A MEDICAL CONDITION WHICH HAS REQUIRED MEDICAL ADVICE, TREATMENT, MEDICATION OR HOSPITALISATION, IT IS VITALLY IMPORTANT TO COMPLETE THE FORM BELOW.

Please complete in block capitals and sign below. The making of a false declaration is a criminal offence and will result in cover being withdrawn immediately.

<b>Insured's title:</b>	<b>Insured's full name:</b>
<b>Contact telephone number:</b>	
<b>Address:</b>	
<b>Date of birth:</b>	<b>Occupation:</b>
<b>GP's name:</b>	
<b>GP's address:</b>	
<b>GP's telephone number:</b>	<b>GP's fax number:</b>
<b>Dates of Travel (dd/mm/yyyy): From</b>	<b>To:</b>
<b>Destination:</b>	<b>Number of days:</b>

### GP's Note

Please do not sign this form if in your professional opinion, the insured may not be able to fully undertake the complete journey or if the insured is travelling with the intention of receiving medical treatment abroad. I confirm that the insured is fit to travel and partake in the planned trip and that the medical records of the insured have been noted accordingly.

Signature of General Medical Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Please put  
Official Stamp  
here. Not valid  
without official  
stamp

**UNDER NO CIRCUMSTANCES SHOULD YOU BACK DATE THIS FORM**

## Pilgrim Acceptance of Conditions

I declare that I am not travelling against the advise 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 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.

I agree that my signature on this booking form constitutes my agreement and the agreement of the persons named on the booking form to be bound by the conditions and I hereby confirm that my attention has been drawn to the said conditions herein contained. I agree that any dispute which arises or occurs in relation to any thing or matter arising out of or in connection with this contract shall be referred to arbitration under the arbitration rules of the Chartered Institute of Arbitrators – Irish branch. Alternatively, I agree to refer any claims for less than €2000 per booking form to the Small Claims Court. I have read the Conditions of Booking and the Conditions of Insurance and understand and accept them.

I apply to book in the Clogher Diocesan Pilgrimage to Lourdes this year in accordance with your booking conditions. I enclose a non refundable deposit of at least €300 (or sterling equivalent) and agree to pay the balance of the fare not later than **1<sup>st</sup> June 2020**. I hereby certify that I have no disability requiring medical care, hospitalisation, or special arrangements to be provided by the Clogher Diocesan Pilgrimage to Lourdes.

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

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



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## Section 8: 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

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

If you are in the process of applying for a new passport or renewing your existing passport please forward the details as soon as they become available.

### PASSENGER 2

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

If you are in the process of applying for a new passport or renewing your existing passport please forward the details as soon as they become available.

### PASSENGER 3

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

If you are in the process of applying for a new passport or renewing your existing passport please forward the details as soon as they become available.

### PASSENGER 4

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

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