

BOOKING FORM

Cambridge Parishes Pilgrimage to the Holy Land
MONDAY 12th MARCH – WEDNESDAY 21st MARCH, 2018

Dear Pilgrim,

We have had eleven successful pilgrimages to the Holy Land from our parish. Each time we have been able to offer places to people from other parishes and from various Christian denominations. They have been welcomed and have attended our Catholic Mass each day. We have managed to introduce over 400 people to their Christian roots and Mother Church.

We remain as a group throughout the week so **it is not considered acceptable for people to make plans for private days out** or other activities apart from those planned for the whole group. We do try and build into the week's programme some essential free time.

Because this pilgrimage is special it was decided to add an extra day in the Galilee area which is so peaceful and beautiful. No wonder the Lord began his public ministry there!

An itinerary will be provided for you by **the beginning of 2018** but our guide always makes some wonderful additions to the programme. The essential places we will visit are: Galilee (we will be staying on the Mount of the Beatitudes in a beautifully run Guest House owned by the Latin Patriarchate and exclusively located), Nazareth, Mount Tabor, Lake Tiberias, Jerusalem, Jericho and Bethlehem (staying at St Vincent's Guest House – nicely appointed and very welcoming). It is a week of journeying together but also inwardly for many people, coming into contact with Christians who have maintained their faith through difficult times. They are an inspiration!

The cost of this pilgrimage includes the following:

- Coach to and from the airport in the UK
- Flights
- Accommodation with Full Board
- Coach and Guide
- All Tips

For those who are prepared to share accommodation: £1450.00 (Sterling)

For those who wish a Single room: £1600.00 (Sterling).

The dates for payment are as follows:

£500 deposit to secure your place must be received along with this **Booking Form** no later than **FRIDAY, 20th OCTOBER, 2017**.

The **remainder of the cost** must be received by **FRIDAY, 12th January, 2018**. For those **sharing a room** that means **£950 (sterling) each**. For those who have requested a **SINGLE room** that means **£1100 (sterling)**.

If details on your Booking Form change:

- Address
- Telephone Number
- Email Address
- Passport Number
- Insurer
- Nationality

Please notify me at your earliest convenience. Failure to do so may result in information relating to the Pilgrimage not reaching you.

It is important for you to arrange for your own TRAVEL INSURANCE. PLEASE provide the information about your insurer when you return the Booking Form. If you decide to change insurers then please let me know at your earliest convenience.

We will be staying in Israel and in the Palestinian Authority. In terms of insurance cover, mobile telephones networks, etc., it is all classed as "Israel".

ONE BOOKING FORM FOR EACH PERSON
Please complete this part of the form and return it as soon as possible.

PLEASE PRINT

Title: (Mr/Mrs/Miss, etc) _____ First Name _____ Surname _____
As it appears in your passport As it appears in your passport

Date of Birth ____/____/____ If **70 years or over**, please obtain a letter from your G.P.
Day Month Year

Please include information with this form regarding special medication/dietary requirements.

Passport No: _____ Country of Issue: _____ Expiry Date ____/____/____
Day Month Year

Nationality: _____ Do you require an entry VISA to Israel? _____

Address _____ Telephone (Day) _____

_____ Telephone (Night) _____

_____ Post Code _____ Mobile _____

E-mail Address _____

ROOM ALLOCATION

I wish to share a room with _____
Please give full name

Please indicate if you require a single room. YES / NO

MEDICAL OR DIETARY REQUIREMENTS

If you have a medical condition or have reached the age of seventy years, we would like you to obtain a letter from your G.P. stating that you are able to travel on this pilgrimage.

If you have an dietary requirements please let me know but indicating what they are below. We can accommodate most dietary needs with a simple request to our agents in Jerusalem.

I have the following dietary requirements: _____

DECLARATION

I understand that Saint Philip Howard Parish, Cambridge and anyone acting on behalf of Saint Philip Howard Parish, Cambridge cannot be held liable for any loss, delay, or cancellation of this pilgrimage due to unforeseen circumstances.

I understand that should I decide to cancel my booking prior to **FRIDAY, 12th JANUARY, 2018** that I will receive back the total of my deposit. However, I also understand that should I decide to cancel my booking **on or after FRIDAY, 12th JANUARY 2018** that I will lose my deposit of **£500**. If I should decide to cancel within **28 days** of the departure date I will lose any payments I have made for the entire pilgrimage.

Signed _____ Date _____

Cheques should be made payable to: *Saint Philip Howard Parish*

Please return this form **as soon as possible** along with your **£500 deposit** to:

The Rt Revd Mgr Eugène Canon Harkness,
The Catholic Rectory, Hills Road,
CAMBRIDGE, CB2 1JR

The remaining payment will be required by 12th January, 2018

Please return this part of the form with your Insurance details as soon as you can in 2018.

Pilgrim's Full Name _____

Insurer _____ **Policy Number** _____ **Insurer's Emergency Contact Number** _____

Next of Kin _____

Contact Number(s) _____

To: The Rt Revd Mgr Eugène Canon Harkness,
The Catholic Rectory, Hills Road,
CAMBRIDGE, CB2 1JR