

Pilgrimage Reservation Form

Please fill out this form and return to the address shown below.
Upon receipt of your form, we will contact you to discuss further details of your trip.

Medjugorje ☐ Jun 20-Jul 1/2024 ☐ Jul 30-Aug 9/2024 ☐ Oct 4-14/2024

Dates subject to change.

PRINT NAMES: List all name(s) and/or initials exactly as they appear on your passport.

A photocopy of your passport with passport number is now required.

(Please check one) **Passport Name** **FIRST NAME** **MIDDLE** **SURNAME** **BADGE FIRST NAME**
1. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss. _____ | _____ | _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TELEPHONE: Daytime _____ Evening (if different) _____

EMAIL: _____

(Please check one) **Passport Name** **FIRST NAME** **MIDDLE** **SURNAME** **BADGE FIRST NAME**
2. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss. _____ | _____ | _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TELEPHONE: Daytime _____ Evening (if different) _____

EMAIL: _____

Enclosed is \$ _____ as ☐ Deposit ☐ Full Payment for a total of _____ person(s) for this pilgrimage.

METHOD OF PAYMENT: ☐ Cheque ☐ Money Order ☐ E-Transfer* ☐ Visa ☐ Mastercard ☐ Cash

Credit Card #: _____ Exp. Date: _____ CVC: _____

Note: Deposit of \$500 plus applicable insurance (due at time of booking) per person can be made via credit card. If paying balance by credit card, add 3.5% credit card transaction fee on the balance due. Total payment due 60 days prior to departure.

Special needs, disabilities, medical conditions, allergies, etc. (if any): _____

In case of emergency contact: _____ Tel: _____ Relationship: _____

☐ Double Accommodation ☐ Single option (\$425 additional cost). ☐ 4-Star Hotel Option (\$150 additional).

☐ I wish to share a room with: _____. ☐ Please assign me a roommate(s).

Roommate preference: ☐ Non-smoking ☐ Smoking.

Insurance is mandatory and based on date of birth.

1. Date of Birth (dd/mm/yy): ____/____/____. 2. Date of Birth (dd/mm/yy): ____/____/____.

_____ Initial here if you wish to waive our insurance policy with one of your own.

Policy name: _____ Policy #: _____

SIGNATURE: _____

DATE: _____

PLEASE REMIT & MAKE PAYABLE TO:

Ave Maria Centre of Peace
P.O.Box 489 • Station U
Toronto, ON M8Z 5Y8
(416)251-4245 (800)663-MARY
letters@avemaria.ca*

* E-Transfers and correspondence

Travel arrangements are being made through Mary's Pilgrims (TICO #3230641) and Ave Maria Centre of Peace. Mary's Pilgrims makes arrangements with hotels, car rental companies, airlines and ground transportation with sightseeing organizations to provide you with travel services. Each of these organizations has its own specific terms and conditions for doing business and you will be bound by them. Mary's Pilgrims and the Ave Maria Centre of Peace accept no responsibility for any refunds, losses, damage, costs or expenses arising out of injury, accident or death, loss of or damage to or delay in connection with baggage or other property, delay, inconvenience, upset, disappointment, frustration, stress, loss of enjoyment or loss of holiday time resulting from: i) any negligent act or fault or omission by any party other than by Mary's Pilgrims or its employees ii) mechanical breakdown, government action, weather, strike, or any other action beyond our control iii) traveller's failure to provide documentation necessary for the journey and return to Canada iv) being held by government direction v) the traveller missing connections or failing to follow the directions of Mary's Pilgrims or its representative vi) being denied access to the aircraft due to contravening the airline's conditions of carriage. Schedules and fares subject to change without notice. All rates are based on a minimum of 20 persons travelling together from Toronto and may change should minimum numbers not be met.

CONTACT YOUR TRAVEL AGENT/PROMOTER