

# DIOCESE OF CLOGHER PILGRIMAGE TO LOURDES 2023

Led by Most Rev. Bishop Lawrence Duffy



7 - 12 JULY 2023 | FROM BELFAST AIRPORT | €899 PPS

## INCLUDING

- Return flights Belfast - Lourdes
- Coach transfer to/from Belfast International Airport from designated points throughout Diocese
- 5 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 Joe Walsh Tours will ensure all pilgrims receive a very high standard of service throughout the pilgrimage



## 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 Hueston**

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**

**PLEASE RETURN BOOKING FORM TO JOHN HUESTON:**  
Clogher Pilgrimage Office | Gave, Macknagh, Crom Road, Lisnaskea, Co Fermanagh | 02867724329

Tours are operated by Northern Star Travel Ltd who are bonded and licenced by the Civil Aviation Authority ATOL 11313



## TRAVEL INSURANCE:

It is a condition of our acceptance of your booking that pilgrims travelling with the Clogher Diocesan Pilgrimage to Lourdes must have appropriate travel insurance. You may contract your own travel insurance privately or purchase travel insurance through Joe Walsh Tours. For residents in Ireland & Northern Ireland, price is €39 pp up to 79 yrs and €78 pp for 80-94 yrs. It is available to all eligible passengers as per the terms & conditions of the Blue Insurance Pilgrimage Policy, which includes cover for pre-existing medical conditions (subject to Medical Declaration Form signed by a doctor), as well as repatriation and medical expenses relating to Covid-19. For full details on insurance cover, please visit [www.joewalstours.ie](http://www.joewalstours.ie). It is your sole responsibility to ensure compliance with the terms of your travel insurance and to ensure it is suitable to your needs, particularly in respect of any pre-existing medical conditions. Should you wish to contract our travel insurance, please pay the insurance premium with your deposit, or please give details of your own travel insurance policy on the booking form. Please note that we reserve the right to cancel your booking if travel insurance details are not provided.

## 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 or GHIC. 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 policy 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:

In the event of a cancellation where a pilgrim has opted to purchase our travel insurance, the administration of such cancellation will be handled by Joe Walsh Tours on behalf of the pilgrim in conjunction with the insurance company. Those travelling with their own travel insurance will be provided the necessary documentation and cancellation invoices to allow them to process their own claims. All cancellations are subject to charges. For full details on cancellation charges, please visit [www.joewalstours.ie](http://www.joewalstours.ie).

## 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.

## SINGLE ROOMS

These are very limited and subject to availability. Please share if possible. Single rooms are subject to a supplement of €175 for Hotel Agena €195 for all other hotels for the duration.

Please nominate who you wish to share with when making your booking. 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 the single room supplement.

## NOTICE TO PASSENGERS:

Your flights will depart from/return to Belfast Airport. You will receive final notification together with travel documents approximately 10 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 require wheelchair assistance at the airports and if you are not able to board or disembark a coach for transfer to or from your hotel.

## FLIGHTS

Your flights will depart from/return to Belfast Airport. 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. The flying time to Lourdes is approximately 2 hours 20 minutes. Please ensure that you indicate on the booking form if you require wheelchair assistance at the airports and if you are not able to board or disembark a coach for transfer to or from your hotel. Pilgrims are not permitted to carry more than 100ml of liquid (including Lourdes water) in their hand-luggage. Checked baggage allowance is 20kg.

## 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 & 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 beyond your return date.

## PAYMENTS:

A deposit of €300 per person (plus insurance premium if applicable) is due at the time of booking. Balance of fare is due TWELVE WEEKS before departure date. 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.

## REGULATION (EC) 261/2004:

At the time of going to print, 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 Tours, 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 Tours 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:

Final travel documents will be emailed to you within 10 days prior to the departure date of the Pilgrimage. Final flight timings will be confirmed at this point.

## YOUR FINANCIAL PROTECTION:

This tour is operated by Northern Star Travel Ltd. Flight inclusive packages originating in the United Kingdom are financially protected under the ATOL 11313 held by Northern Star Travel Ltd. in compliance with the ATOL scheme administered by the Civil Aviation Authority.

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Led by Most Rev. Bishop Lawrence Duffy



**7 - 12 JULY 2023** | **5 NIGHTS** | **BY AIR**

Ref

Office Use Only

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

## 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

Address of 1<sup>st</sup> Named Person only (BLOCK CAPITALS):

Telephone Number:

Mobile Phone Number:

Parish:

Email:

Name of emergency contact while abroad:

Telephone Number of emergency contact while abroad:

## SECTION 3: HOTEL DETAILS

Single Room\*  Twin Room  Treble Room (3 single beds)

Willing to share (i.e. share with another person)  Name (if known):

Please specify other special requirements (e.g. walk-in shower, adapted rooms, etc.). Subject to availability.

Please indicate if you have a special dietary requirement:

Vegetarian  Vegan  Gluten Free  Diabetic  Other

If you ticked 'Other', please specify:

Please indicate if you are travelling with an official hospital pilgrim staying at the Accueil: Yes  No

If Yes, 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"/>
<b>If you are wheelchair bound and staying in hotel accommodation, please tick here must also tick here:</b> <input type="checkbox"/>				
You must advise us in writing, by sending a letter to: Joe Walsh Tours, 89 Harcourt St, Dublin 2, D02 WY88				

## SECTION 5: INSURANCE DETAILS

It is a condition of our acceptance of your booking that pilgrims must have appropriate travel insurance. Please indicate below if you wish to purchase travel insurance through Joe Walsh Tours. For residents in Ireland & Northern Ireland, this is charged at €39 pp up to 79 years & €78 pp aged 80-94 years (age based on the return date of travel). Those aged 95+ own travel insurance must be secured. Insurance premium should be paid with your deposit. Please complete your date of birth in Section 1 of this form so the correct policy can be applied and charged. If you have ticked 'Own Travel Insurance' please provide details (insurer & policy no) below.

Passenger 1:	Require Travel Insurance <input type="checkbox"/>	Own Travel Insurance <input type="checkbox"/>	If 'Own Travel Insurance' please complete the following: Insurer: _____ Policy no: _____
Passenger 2:	Require Travel Insurance <input type="checkbox"/>	Own Travel Insurance <input type="checkbox"/>	If 'Own Travel Insurance' please complete the following: Insurer: _____ Policy no: _____
Passenger 3:	Require Travel Insurance <input type="checkbox"/>	Own Travel Insurance <input type="checkbox"/>	If 'Own Travel Insurance' please complete the following: Insurer: _____ Policy no: _____
Passenger 4:	Require Travel Insurance <input type="checkbox"/>	Own Travel Insurance <input type="checkbox"/>	If 'Own Travel Insurance' please complete the following: Insurer: _____ Policy no: _____

## 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. I enclose insurance premium amount <input type="text"/> as per section 5. 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>INFORMATION PROVIDED ON THIS FORM WILL BE HELD AND EXCHANGED BETWEEN 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.</b>		

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 **NEW DATE**. 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"/>	

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.

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