

# DIOCESE OF CLOGHER PILGRIMAGE TO LOURDES 2025

Led by Most Rev. Bishop Lawrence Duffy



4 - 9 JULY 2025 | FROM BELFAST OR DERRY AIRPORT | €1050 PPS

## INCLUDING

- Return flights Belfast or Derry to Lourdes
- Coach transfer to/from Belfast/Derry 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 €350 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:** [treasurer.lourdes@clogherparishes.ie](mailto:treasurer.lourdes@clogherparishes.ie)

**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 | 89 Harcourt Street, Dublin 2, D02WY88, Ireland  
[joewalsh tours.co.uk](http://joewalsh tours.co.uk) | [info@joewalsh tours.co.uk](mailto:info@joewalsh tours.co.uk) | Reservations: 0808 189 04 68

All flights and flight-inclusive packages originating in the UK or Northern Ireland are operated by Northern Star Travel Ltd. ATOL 11313



## TRAVEL INSURANCE:

It is a condition of our acceptance of your booking that you obtain appropriate travel insurance for cover in case of a medical emergency, cancellations, delays, loss of baggage and other unexpected disruptions. Please note it is your sole responsibility to ensure that the travel insurance is suitable for your needs, including without limitation, in respect of any pre-existing medical conditions.

### Pilgrimage Insurance

Optional extra available to passengers up to 94 years. Includes cover for pre-existing medical conditions (see note below regarding Medical Declaration Form). The insurance premium must be paid at the time of booking in addition to the applicable deposit. A copy of the travel insurance policy is available to view online at: [www.joewalstours.ie](http://www.joewalstours.ie).

### Medical Declaration Form (Pilgrimage Insurance)

All passengers with a pre-existing medical condition of any kind must get a Medical Declaration Form signed by their GP. This form must be completed within 45 days of the trip start date, otherwise the pre-existing medical condition will be excluded. This form must be kept by the passenger during the trip and only be produced in the event of a claim.

## HEALTH INSURANCE

All pilgrims must have the European Health Insurance Card (EHIC) or the UK Global Health Insurance Card (GHIC). The EHIC card can be applied for or renewed online free of charge at: <https://www2.hse.ie/services/ehic/ehic.html>  
To apply for a GHIC card go to [www.gov.uk/global-health-insurance-card](http://www.gov.uk/global-health-insurance-card), this is available free of charge.

## MEDICAL & OTHER MISCELLANEOUS CHARGES:

**Please note these charges in total are the direct responsibility of the pilgrim or their legal guardian/next of kin.**

### WHEELCHAIRS:

Wheelchairs and scooters are not covered by the Pilgrimage Travel Insurance. We recommend separate insurance cover. Acceptance of motorised wheelchairs and scooters are subject to weight or dimension restrictions imposed by airlines. Full specification must be provided at the time of booking. Approval form mandatory and carriage subject to approval by the airline.

### SPECIAL ASSISTANCE:

WCHS/WCHC assistance to embark/disembark the aircraft are subject to confirmation by airlines. WCHS (passenger cannot use stairs) and WCHC (passenger cannot walk any distance, board or disembark unassisted).

### 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.co.uk](http://www.joewalstours.co.uk).

### LOURDES CITY TAX:

Applies to all pilgrims over 18 years staying in hotels. This tax will be collected by your hotel at check-in.

### SINGLE ROOMS

These are very limited and subject to availability. Please share if possible. Single rooms are subject to a supplement of €210 for all other hotels for the duration.

### SHARING ROOMS

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.

## 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.

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:

All UK passport holders must have a passport issued within the last 10 years and with 3 months validity left from the return date on which you intend to leave the EU. Depending on your nationality, you may need a visa to enter the country of destination. It is your own responsibility to ensure you meet travel and entry requirements to the country of destination.

## PAYMENTS:

A deposit of €350 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.



# DIOCESE OF CLOGHER PILGRIMAGE TO LOURDES 2025

Led by Most Rev. Bishop Lawrence Duffy



**4 - 9 JULY 2025** | **5 NIGHTS** | **BY AIR**

Ref

Please note: This booking form is not to be used by Assisted 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

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

Telephone Number:

Mobile Phone Number:

Parish:

\*In the event of a change to flights or booking arrangements, you may be contacted on the above mobile number.

Email:

## 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 Assisted Pilgrim staying at the Accueil: Yes  No

If Yes, please provide the name of Registered Assisted Pilgrim:

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

Joe Walsh Tours | 89 Harcourt Street, Dublin 2, D02WY88, Ireland  
joewalshstours.co.uk | info@joewalshstours.co.uk | Reservations: 0808 189 04 68

All flights and flight-inclusive packages originating in the UK or Northern Ireland are operated by Northern Star Travel Ltd. ATOL 11313



# DIocese of Clogher Pilgrimage to Lourdes 2025

Led by Most Rev. Bishop Lawrence Duffy



## SECTION 4: SPECIAL ASSISTANCE & WHEELCHAIRS

If you or anyone within your party has reduced mobility, is a wheelchair user, intends taking a wheelchair on flights or require assistance through airports, to ascend or descend steps, or a full lift on/off the airplane or coach, please indicate below.

**Please note that WCHS/WCHC assistance to embark and disembark are subject to confirmation by airlines.**

|   |              |
|---|--------------|
| WCHR – ASSISTANCE TO & FROM BOARDING GATE ONLY<br>Wheelchair assistance from the check-in area to the boarding gate and from the arrival gate to the airport arrivals hall.   | WCHR<br>[__] |
| WCHS – ASSISTANCE UP & DOWN STEPS.<br>Wheelchair assistance from the check-in area to the door of the aircraft and from the door of the aircraft to the arrivals hall. Passenger cannot use steps. Passenger can walk to their own seat.<br><b>Subject to confirmation.</b> | WCHS<br>[__] |
| WCHC – FULL ASSISTANCE BOARDING.<br>Wheelchair assistance from the check-in area to the seat of the aircraft and from the seat of the aircraft to the arrivals hall. Passenger cannot walk any distance and to or from their own seat.<br><b>Subject to confirmation</b>    | WCHC<br>[__] |
| (1) Name of passenger requiring assistance  |              |
| (2) Name of passenger requiring assistance  |              |
| Please contact the office for other special assistance (ie visual or hearing impairment, breathing and respiratory equipment, etc)  |              |

## 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 €45 pp up to 79 years & €65 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:<br>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:<br>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:<br>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:<br>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><br>I enclose €350 (or sterling equivalent) being deposit(s) for [ ] (insert number) per booking.<br>I enclose insurance premium amount [ ] as per section 5.<br>Please note: The required minimum deposit of €350 (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>  |                              |                             |

**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.**

## 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

General Practitioner Use Only

Please DO NOT sign this form if, in your professional opinion, your patient may not be able to undertake the complete trip or if your patient is travelling with the intention of receiving medical treatment. Please consider that your patient may be travelling by Air and the impact that their travel arrangements may have where your patient has a condition such as COPD.

I am the patient's general practitioner and at the time of signing, I know of no medical reason why my patient should not fly and partake in the intended trip. I confirm that the medical records of my patient have been noted accordingly.

Please put  
Official Stamp  
here. Not valid  
without official  
stamp

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

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

### Pilgrim Acceptance of Conditions

This form must be completed within 45 days of the trip start date otherwise your medical condition will be excluded. If there are any changes to your medical condition, prescribed medication, or if you receive or are awaiting any medical treatment, tests, or investigations after completing the form, you will need to have the form filled out again before your trip begins.

You must give full and true answers to all questions on this form. Your cover could be invalid if you provide us with incorrect or incomplete information.

1. I declare that I am not travelling against the advice of a medical practitioner and that I have consulted my regular GP concerning my medical conditions and the trip that I am planning to undertake. (If you have a medical condition, your GP must have signed Section C below)
2. I declare that my regular GP has declared that I am fit to travel and fully partake in the planned trip and that my medical records have been noted accordingly. (If you have a medical condition, your GP must have signed Section C below)
3. I declare that I am not travelling with the intention of having medical treatment abroad.
4. I declare 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.
5. I declare that I have received and reviewed the Pilgrimage Travel Insurance policy documents, including the policy wording, Insurance Product Information Document, and certificate of Insurance. I understand and agree to the associated terms and conditions.

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 no later than 12 weeks before departure. 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 ▶▶▶



## 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.

