

FODO PILGRIMAGE TO THE SHRINES OF ITALY

BOOKING FORM – ATOL PROTECTED 2368

13 - 22 OCTOBER 2020

Please complete this form in black ink in **BLOCK CAPITALS**.

(State exactly every name which appears on passport)

Title: Fr. Bro. Sr. Mr. Mrs. Miss.....

Surname.....

Christian Names.....

Date of Birth.....Country of Birth.....

Nationality.....

Address.....

.....

Tel

(landline).....Mobile.....

Email:.....

A photocopy of the current passport must accompany this Booking Form.

Do you require a Gluten Free Diet? Yes/No

Do you have a physical disability or other condition? Yes/No

The next of kin name must be in Britain or Ireland and not on the Pilgrimage with you

Name of next of kin.....Relationship.....

Address of next of kin.....

.....

Tel. No. Landline.....Mobile.....

Do you require Double or Single Room?.....

If you are requiring a single room, would you be willing to share with another suitable pilgrim if all single rooms have been allocated? Yes/ No Please send this Booking Form together with your deposit(cheque payable to FODO PILGRIMS) and other details to: The Pilgrimage Secretary, 39 Station Rd. Garswood , Nr. Wigan, Lancs. WN4 OSD

Tel.01942726418 or Fr.John C.Perrotta,25 Lower Teddington Road, Hampton Wick

London,KT1 4HB Tel.02089775130 Mob.07921125283 email:johnperrotta208@gmail.com

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F O D O P I L G R I M S

PILGRIMAGE TO THE HOLY LAND 2019

EMERGENCY CONTACT FORM

Dear Pilgrim please complete this form in block capital letters and place it in a sealed envelope with your name printed clearly on the front and the words **Emergency Contact Details**. Please return the completed form to Dorothy Finch at Heathrow Airport.

NAME OF PILGRIM.

Surname _____ Christian Names _____

Address _____

Postal Code _____ Date of birth _____

EMERGENCY CONTACT : Name _____

Relationship _____ Telephone No. _____

Home _____ Mobile _____

A SECONDARY CONTACT.

Name _____ Relationship _____

Tel. No. Home _____ Mobile _____

DOCTOR'S NAME AND CONTACT DETAILS _____

DETAILS OF ANY MEDICATION BEING TAKEN _____

DETAILS OF ANY DISABILITIES, CONDITIONS, ALLERGIES OR SPECIAL NEEDS THAT MIGHT CAUSE PROBLEMS _____

PLEASE NOTE: the contents of this FORM will only be used in the case of an emergency and will be returned to you UNOPENED at Tel Aviv Airport.