

PASSENGER RESERVATION FORM / CONTRACT



**Mail to: The Catholic Tour
3558 Lee Rd. Suite 5
Shaker Heights, OH 44120**

Tel: (216) 751-8301

ENCLOSED IS MY (OUR) DEPOSIT CHECK OF \$300.00 PER PERSON. [IF PURCHASING OPTIONAL NON-REFUNDABLE TRAVEL PROTECTION PLAN (PER PERSON): if Total Tour Cost is \$4001-\$4500 ADD \$276. / if Total Tour Cost is \$4501-\$5000 ADD \$319. / if Total Tour Cost is \$5001-\$5500 ADD \$353.]

Make Check Payable to: The Catholic Tour

Name of Trip: **The Holy Land and Rome** Date of Trip: **June 5 to 15, 2017**

PILGRIM INFORMATION: Please print. Include a copy of the picture page of your Passport(s).

1 _____ 2 _____

Name(s) as it/they appear on your passport(s)

Address City State Zip: _____ Apt. # _____

U.S. Passport #s: _____ I (we) am (are) buying the Land Only Package (No Air Included)

Home Phone: _____ Business Phone: _____

Fax: _____ E-mail address: _____

ROOM ASSIGNMENT INFORMATION:

Single Room * (supplement cost as per itinerary): YES _____ NO _____ I need a roommate _____ (Check)

Double Room: YES _____ NO _____ If yes, name of roommate: _____

Smoker: YES _____ NO _____ Date Of Birth: 1. _____ 2. _____

Male or Female: M _____ F _____ Special Diet: _____

Handicap information: _____

TRAVEL PROTECTION PLAN:

Travel Protection Plan (encouraged) YES _____ NO _____ (If No, sign below.)

I hereby decline the Travel Protection Plan and I understand that I am responsible for any cancellation penalties and out-of-pocket expenses incurred. I will also make my own provisions in the event of an emergency while I am traveling. Signatures required below:

1. _____ 2. _____

(Signatures required)

CONNECTING DOMESTIC FLIGHT:

The Catholic Tour arranges the international air and land packages for our pilgrimages, but does not make the domestic connecting flights to and from your home city to the gateway (departure) city. In making your domestic airfare arrangements, please confer with us first as to the status of our international group seats. For domestic airfare tickets we can refer you to an agency that we work closely with called Flite II Travel American Express, at 800-544-3881, identify yourself as a Catholic Tour passenger.

THE CATHOLIC TOUR ADVISES AGAINST SUPER -SAVER FARES. NOTE: The Catholic Tour is not responsible for any domestic connecting flights booked on-line, through any travel agencies or for non-refundable fares. Domestic airfare will not be covered by our optional travel protection plan.

EMERGENCY CONTACT: NAME: _____ Phone: _____

(Not traveling with you)

Relationship: _____ Address: _____

City: _____ State: _____ Zip: _____

CREDIT CARD PAYMENT AUTHORIZATION Amount: \$ _____

Amex / Visa / MasterCard / Discover Card: _____

Expiration date (Month): _____ (Year): _____ 3 digit code on back of card: _____

Signature _____ Date: _____

Please review the Terms and Conditions for explanation of cancellation policy, final deposit information, etc. I have read and agree to the Terms and Conditions. ALL PASSENGERS MUST SIGN THIS FORM.

1. _____ 2. _____

(Signatures required) If under age 18, parent or guardian must sign.

* Limited number of single rooms available. **Tour price does not include travel protection plan, tips, border taxes or travel visa fees.

Passenger Reservations and deposits are due no later than 95 days prior to departure (3/2/17).

Final payment is due no later than 65 days prior to departure (3/31/17).

GENERAL LIMITATIONS AND EXCLUSIONS

Insurance benefits are not payable for any loss due to, arising or resulting from: 1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane; 2. an act of declared or undeclared war; 3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard; 4. riding or driving in races, or speed or endurance competitions or events; 5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment); 6. participating as a member of a team in an organized sporting competition; 7. participating in bodily contact sports, skydiving or parachuting, hang gliding or bungee cord jumping; 8. piloting or learning to pilot or acting as a member of the crew of any aircraft; 9. being Intoxicated, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician; 10. the commission of or attempt to commit a felony or being engaged in an illegal occupation; 11. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion; 12. dental treatment (except as coverage is otherwise specifically provided); 13. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits; 14. due to a Pre-Existing Condition, as defined in the Policy. The Pre-Existing Condition Limitation does not apply to the Emergency Medical Evacuation or return of remains coverage; 15. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment; 16. a mental or nervous condition, unless hospitalized for that condition while the Policy is in effect for You; 17. due to loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act and regardless of any other sequence thereto.

The following limitation applies to Trip Cancellation: All cancellations must be reported directly to the Travel Supplier within 72 hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible. If the cancellation is not reported within the specified 72 hour period, the Company will not pay for additional charges, which would not have been incurred had You notified the Travel Supplier in the specified period. If the event prevents You from reporting the cancellation, the 72-hour notice requirement does not apply; however, You must, if requested, provide proof that said event prevented him or her from reporting the cancellation within the specified period.

Additional Limitations and Exclusions Specific to Baggage and Personal Effects: Benefits are not payable for any loss caused by or resulting from: breakage of brittle or fragile articles; wear and tear or gradual deterioration; confiscation or appropriation by order of any government or custom's rule; theft or pilferage while left in any unlocked or unattended vehicle; property illegally acquired, kept, stored or transported; Your negligent acts or omissions; or property shipped as freight or shipped prior to the Scheduled Departure Date; or electrical current, including electric arcing that damages or destroys electrical devices or appliances.

Purchase up to final Trip Payment for Pre-Existing Condition Waiver!

The Pre-Existing Condition Exclusion will be waived if the protection plan is purchased before final trip payment for the trip, for the full non-refundable cost of the trip and the booking for the covered trip is the first and only booking for this travel period and you are not disabled from travel at the time you pay the premium

This document contains highlights of the plan. The Plan contains insurance benefits underwritten by the United States Fire Insurance Company. Fairmont Specialty and Crum & Forster are registered trademarks of United States Fire Insurance Company. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2015. The Plan also contains non insurance Travel Assistance Services that are provided by an independent organization, OnCall International, and not by United States Fire Insurance Company or Travel Insured International. Review the Plan Document for complete terms, including benefits, conditions, limitations and exclusions that apply. The Plan Document will be provided to you by your travel supplier upon purchase of the plan. Coverages may vary and not all coverage is available in all jurisdictions.

Consumer Disclosure Notice and Consent Agreement

I understand that the airline tickets or air tours I am purchasing is a group tour where airline tickets are purchased as a group and not on an individual basis when I make my reservation and payment for the tour. I understand that these travel products and services being purchased may be subject to additional surcharges, cost increases, and fees imposed by individual travel suppliers or government entities after my purchase date. I understand that I may be charged the post-purchase amounts by The Catholic Tour for reasons varying from currency exchange fluctuations to fuel surcharges and new travel taxes, or any combination thereof.

I hereby consent to these post-purchase price increases for such additional amounts. I authorize The Catholic Tour to send me an invoice and I agree to promptly pay this by personal check, money order or cashier's check before I receive my travel documents.

1 _____ 2 _____
(Signature) (Signature)

1 _____ 2 _____
(Print Name) (Print Name)

Date: _____

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