

BOOKING FORM

PILGRIMAGE TO LOURDES
October 24-28, 2023



Newtown – Rahan – Tullamore - Co. Offaly - R35 XC86
05793 55050 info@myriam.ie www.myriam.ie

FIRST NAME * AS ON PASSPORT	LAST NAME AS ON PASSPORT	DATE OF BIRTH day/month/year	PASSPORT NO.	EXPIRY DATE day/month/year	NATIONALITY
1.		___/___/___		___/___/___	
2.		___/___/___		___/___/___	
Name you go by if different from above	MOBILE	LANDLINE	EMAIL		
1.					
2.					
ADDRESS of main passenger on this booking:			*MIDDLE NAMES ARE NOT REQUIRED		
Name: Address:					

REQUIRED ROOM	ANY MEDICAL DIET? (Coeliac, Nut free, Dairy free, etc.)	WHEELCHAIR ASSISTANCE AT AIRPORTS?
Double (2 people) 1 double bed <input type="checkbox"/> Twin (2 people) 2 single beds <input type="checkbox"/> Single (1 person) 1 single bed <input type="checkbox"/>	I'm travelling on my own, but I'm willing to share a room <input type="checkbox"/> (this depends on availability)	Name: Please tick if required: <input type="checkbox"/>
	Name: Diet:	

A&G TRAVEL INSURANCE PLEASE FILL IN THE INSURANCE DECLARATION AT THE BACK	TRAVEL INSURANCE IS <u>OPTIONAL</u> BUT HIGHLY RECOMMENDED. IF YOU DON'T HAVE YOUR OWN, WE CAN OFFER SINGLE TRIP TRAVEL INSURANCE WITH <u>ACCIDENT & GENERAL</u> <u>only for ROI residents.</u>		
18-69 YEARS : 20 EURO 70-74 YEARS: 50 EURO 75-79 YEARS: 60 EURO 80 YEARS + : 75 EURO <u>Age at time of booking</u>	Name: _____	Age: _____	Premium: € _____
	Name: _____	Age: _____	Premium: € _____
	Amount	No. of people	Total
Deposit for trip this is <u>not</u> refundable	€ 200		
Single room supplement If applicable	€ 120		

TOTAL ENCLOSED: € _____

We accept card payments over the phone (debit cards only). Or you can post us a cheque (in Euro only).
Please make cheques payable to **MYRIAM** and post together with the booking form and insurance declaration (if applicable), to:
MYRIAM, Newtown, Rahan, Tullamore, Co.Offaly, R35 XC86, IRELAND. Phone 057 93 55050.

I confirm that I am over 18 years of age and have read our Terms & Conditions (you can consult them on our website: www.myriam.ie or request a printed copy).

Signed _____ Date _____



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INSURANCE DECLARATION TO BE FILLED IF YOU WISH TO AVAIL OF ACCIDENT & GENERAL SINGLE TRIP TRAVEL INSURANCE (available for Republic of Ireland residents only)

AT THE TIME OF BOOKING AND AT THE TIME OF STARTING YOUR TRIP, YOU MUST BE:

- A Republic of Ireland resident
- Healthy and Fit to Travel
- Not Travelling against Medical Advice
- Not Travelling to Obtain Medical Treatment Abroad

IF YOU ANSWER YES TO THE FOLLOWING QUESTION AND WISH YOUR MEDICAL CONDITION TO BE COVERED YOU MUST CONTACT ACCIDENT & GENERAL TO COMPLETE A MEDICAL SCREENING.
TELEPHONE: 01 2994896

Question	Yes	No
At the time of taking out this policy have you have been prescribed medication (including repeat prescriptions), received treatment or attended a G.P. or hospital as an outpatient or inpatient in the last 2 years? The following exclusions apply to all Insured Persons at the time of taking out this cover or at the time of booking the Trip <ul style="list-style-type: none">• This policy cannot provide cover relating directly or indirectly to any medical condition where you are on a waiting list or awaiting the results of any tests or investigations.• If you have been diagnosed as having a terminal illness, this policy is NOT suitable for you and we cannot offer you cover.		
	Yes	No
	Passenger 2	

You do not have to declare your condition if it is mentioned on the waived conditions list if it is the only one you have and is well controlled as long as you have been fully discharged from any postoperative follow up and any and all ongoing treatment or investigation.

IMPORTANT

- It is your responsibility to review the answer to the medical question asked and if you are in any doubt or it is incorrect, you must contact Accident & General Medical Screening. The answers given form part of your insurance certificate.
- If someone has answered the above questions on your behalf, it is your responsibility to ensure that the answer given is correct and accurate. Any claim arising will be treated as such.
- If you fail to disclose a condition or if your answers to the medical questions are incorrect, this may result in your claim being turned down and your policy being invalid.
- No claim arising directly or indirectly from a pre-existing medical condition affecting you and known to you will be covered unless:
 - a) You have declared all pre-existing medical conditions to us; and
 - b) You have declared any changes in your health or prescribed medication; and
 - c) We have accepted the condition(s) for insurance in writing; and
 - d) You have paid any additional premium required.

SIGNATURE PASSENGER 1 _____

SIGNATURE PASSENGER 2 _____

DATE _____



COVID COVER – You will be covered if: <ul style="list-style-type: none">• Diagnosed with Covid within 14 days of travel• Close relative hospitalised due to Covid• Travelling Companion Diagnosed with Covid• Curtailment for above• Failed Covid Test	Name of your policy: FAIRSURE SINGLE TRIP GOLD Please visit www.accidentgeneral.ie for Covid updates and more information on your insurance cover.
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