



WITH MIR PILGRIMAGES  
22 May – 04 June 2025  
PH 0274 219 064 - email: info@mirpilgrimages.co.nz  
PO Box 1467 Waikato Mail Centre, Hamilton 3240

## BOOKING FORM

### 1. PASSENGER DETAILS

PASSENGER ONE:

Title: (Please circle) Mr. / Mrs / Ms / Miss

First Name: (as per passport) \_\_\_\_\_

Surname: (as per passport) \_\_\_\_\_

Preferred name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Special Dietary Requirements \_\_\_\_\_

Frequent Flyer # \_\_\_\_\_ Airline \_\_\_\_\_

Insurance Quote Required  YES  NO

Pre-Existing Medical Condition  YES  NO

### 1. PASSENGER DETAILS

PASSENGER TWO:

Title: (Please circle) Mr. / Mrs / Ms / Miss

First Name: (as per passport) \_\_\_\_\_

Surname: (as per passport) \_\_\_\_\_

Preferred name: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Special Dietary Requirements \_\_\_\_\_

Frequent Flyer # \_\_\_\_\_ Airline \_\_\_\_\_

Insurance Quote Required  YES  NO

Pre-Existing Medical Condition  YES  NO

### 2. PASSPORT DETAILS (Please enclose copy)

Passport Number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 2. PASSPORT DETAILS (Please enclose copy)

Passport Number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 3. EMERGENCY CONTACT

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

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Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

### 4. ROOM TYPE Please select your preferred room type:

**TWIN** (two people per room, separate beds)

**SINGLE** (your own room)

**SINGLE SHARE**

(Please match me to share with another pilgrim.

I understand this cannot be guaranteed and if not available I will need to pay the single price.)

6. NZ DOMESTIC FLIGHT CONNECTION

YES \_\_\_\_\_

NO

7. If you wish to extend your stay in Europe, please send an email with further information. We will be happy to assist.

**8. PAYMENT DETAILS:**

A refundable deposit of \$1,000 to be paid at time of registration to:

Account Name: Mir Pilgrimage

Bank Account No: 01-0311-0171069-46

**BALANCE OF FULL PAYMENT will be due approximately March. An invoice will be sent by Mir Pilgrimages with details of balance of payment.**

**9. CONFIRMATION**

I agree that the above details are correct and I read and understand the conditions MIR Pilgrimages has stated in their terms and conditions on their brochure.

**Note:**

1. *Itinerary subject to change.*
2. *Mir Pilgrimages and its associated travel agency reserves the right to refuse any booking at their sole discretion and return any deposit received if applicable.*
3. *Mir Pilgrimages and its associated travel agency assumes no liability for any loss or damage as a result of an Act of God or any other force majeure condition including, but not limited to, volcanic disruption, earthquake, low or high water levels, flood, tropical storms or hurricanes.*
4. *We wish to assure you that we take every care with your personal information recorded on this booking form. Rest assured this information will not be sold or distributed to a third party.*

*Mir Pilgrimages reserves the right to correct errors and omissions contained within this form.*

**PASSENGER ONE:**

**PASSENGER TWO:**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature:

Signature:

