



WITH MIR PILGRIMAGES
19 May – 01 June 2024
PH 0274 219 064 - email: info@mirpilgrimages.co.nz
PO Box 1467 Waikato Mail Centre, Hamilton 3240

BOOKING FORM

I. 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

II. PASSPORT DETAILS (Please enclose copy)

Passport Number: _____
 Nationality: _____
 Date of Issue: ____/____/____
 Expiration Date: ____/____/____

III. EMERGENCY CONTACT

Name: _____
 Relationship: _____
 Contact Number: _____
 Email: _____

IV. ROOM TYPE Please select your preferred room type:
 DOUBLE (two people per room, double bed; if available)
 TWIN (two people per room, separate beds)

V. FLIGHT CLASS PREFERENCE Economy

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: ____/____/____

3. EMERGENCY CONTACT

Name: _____
 Relationship: _____
 Contact Number: _____
 Email: _____

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.)

Premium Economy Business
 Price on application

PTO

7. If you wish to extend your stay in Europe, please send an email with further information. If enough pilgrims wish to extend their stay in Rome, a small-group itinerary and quote will be provided.

8. PAYMENT DETAILS:

A DEPOSIT of \$700 per person is enclosed. Refundable until paid to the airline. You will be notified when full payment is due approximately mid-late March 2024.

9. DEPOSIT PAYMENT MADE BY DIRECT CREDIT INTERNET BANKING PLEASE INTO THE FOLLOWING ACCOUNT:

Bank: ANZ
Account: Mir Pilgrimages
Account No: 01-0311-0171069-46

For Direct credit payment please use your SURNAME and MEDJMAY24 as the reference.

10. 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.
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 brochure.

PASSENGER ONE:

Date: ____/____/____

Signature:

PASSENGER TWO:

Date: ____/____/____

Signature:

OFFICE USE ONLY:

Date	Deposit	Full Payment	Insurance policy #

