



WITH MIR PILGRIMAGES
27 Sept – 10 Oct 2024
PH 0274 219 064 - email: info@mirpilgrimages.co.nz
PO Box 1467 Waikato Mail Centre, Hamilton 3240

BOOKING FORM

L. 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: ____/____/____

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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.)

PTO

5. FLIGHT CLASS PREFERENCE

- Economy Premium Economy Business

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

H. PAYMENT DETAILS:

The **FLIGHT PORTION** of the pilgrimage will need to be paid to the travel agency upon registration. Details will be supplied.

BALANCE OF FULL PAYMENT will be due approximately early September. An invoice will be sent by Mir Pilgrimages with bank account details.

I. 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:

Date: ____/____/____

Signature:

PASSENGER TWO:

Date: ____/____/____

Signature:

