



HOLIDAY/PILGRIMAGE **HEREFORD DEANERY PILGRIMAGE TO ROME : 26 AUGUST to 01 SEPTEMBER 2019**

TITLE (Mr/Mrs etc) _____

SURNAME* _____

* = as in passport

FORENAME* _____

ADDRESS _____

_____ POSTCODE _____

EMAIL _____ TELEPHONE _____

PASSPORT No. _____

NATIONALITY _____

DATE OF BIRTH Day _____ Month _____ Year _____ Day _____ Month _____ Year _____

PLACE OF BIRTH _____

DATE OF ISSUE Day _____ Month _____ Year _____ Day _____ Month _____ Year _____

WHERE ISSUED _____

DATE OF EXPIRY Day _____ Month _____ Year _____ Day _____ Month _____ Year _____

REQUESTS : SINGLE DOUBLE TWIN TRIPLE QUAD STANDARD EN-SUITE

ROOM SHARE PARTNER _____ FLIGHT SEAT PREFERENCES: WINDOW MIDDLE AISLE

DIETARY EXCLUSIONS / VEGETARIAN MEALS

INSURANCE

All participants must have adequate travel insurance cover. If you already have cover, please provide the following information:

Insurance Co. _____

Policy No. _____

Emergency tel no. 0044 _____

If you require further information on insurance, please tick here

DEPOSIT

£300 per person x _____ persons = £ _____

Cheques payable to *Anthony R Coles Travel & Conferences*

I enclose a cheque or please debit my Debit card

Expiry Date / CCV

I/We accept the booking conditions : SIGNATURE _____ DATE _____

Please return completed form to: **Anthony Coles, 18 Maresfield Gardens, London NW3 5SX**

OFFICE USE

HEREFORD