

**Pilgrimage to the Holy Land
with Fr. John Skehan
October 13-24, 2019**

PASSENGER INFORMATION

Name (As it appears on passport) _____

A PHOTOCOPY OF YOUR PASSPORT MUST ACCOMPANY THIS RESERVATION.

____: I do not have my passport but will begin this process and mail it to you as soon as I receive it.

Address: _____

City/State/Zip _____ Home Phone: _____

Work/Cell Phone: _____ Date of Birth: _____

E-mail Address: _____

(In order to receive updates and or information please submit email. We will not share this.)

Emergency Contact Information: _____

Traveling Companion/Companions Information:

Name: _____ DOB: _____

Name: _____ DOB: _____

Address if different from passenger information: _____

Deposit Information:

Please return this completed reservation form along with your \$500.00 per person deposit to:

**Dube Travel Leaders
250 Center St. Auburn, Maine 04210
Attn: Group Department**

____ Check (Made payable to Dube Travel Agency)

____ Credit Card—Type of credit card (Check one) _____ Visa _____ Mastercard _____ Discover

Credit Card Number: _____

Expiration Date: _____ CID# _____ (WE MUST HAVE THIS)

(CID# is located on the back of the card.)

Name on Card: _____

Please reserve the following:

_____ Double/Twin Occupancy at per person 3979.00

_____ Single Room supplement \$1099.00 (Very Limited)

PLEASE NOTE: IN ORDER FOR YOUR RESERVATION TO BE CONFIRMED, PLEASE BE SURE TO FILL OUT THIS AND THE REVERSE SIDE OF THIS RESERVATION FORM. THE FORM MUST BE SIGNED AND DATED.

RESERVATIONS:

A deposit of \$500.00 per person is due.
A second payment of \$500.00 is due Feb. 1, 2019.
The balance will be due no later than July 30, 2019.

Cancellation Information:

If you cancel after you have made your deposit and prior to 7/30, 2019, \$350.00 per person is non-refundable, after 7/30, 2019, total cost of the trip is non-refundable. For these reasons Dube Travel highly recommends the purchase of travel insurance to help cover those unforeseen circumstances that may arise. .

INSURANCE INFORMATION

Please note: Insurance is not mandatory but highly advisable.

In order to complete your reservation please choose one of the following:

1. I do not wish to purchase insurance at this time and am declining the insurance Coverage. I understand the penalties that will apply if I need to cancel or other Protections that will not apply. I, the undersigned will not hold Dube Travel and Or its agents responsible for any expenses incurred by me resulting from delay Or cancellation of my trip, accident, sickness, death, stolen or damaged baggage and or property.

SIGNED: _____ **DATED:** _____

2. Please do send me information with my receipt of deposit so that I may decide. I understand that in order to cover any pre-existing medical conditions mine, Or immediate family members that may cause my cancellation of this trip that I must purchase the insurance within 14 days of the date on my receipt of deposit.

SIGNED: _____ **DATED:** _____

ONE OF THESE CHOICES MUST BE SIGNED IN ORDER TO COMPLETE MY RESERVATION

Responsibility:

Dube Travel/Travel Leaders is acting only as an agent for the passenger, and therefore accepts no responsibility for any delayed departures or arrivals, missed connections, loss, damage, or injury to person or property. Dube Travel, El-Al Airlines & George’s International reserve the right to change the itinerary and substitute arrangements of any equal value, if in their opinion circumstances warrant change.

I have read, understood and agree to all the Terms and Conditions mentioned above:

Name: _____ Date: _____