



Kildare & Leighlin Diocesan Pilgrimage to Lourdes Youth Section

16 July 2018

€639 - 5 nights full board

BOOKING FORM

FIRST NAME AND SURNAME (AS PER PASSPORT) _____

ADDRESS _____ Contact No. _____

Parent/Guardian Tel No. _____

WILLING TO SHARE WITH: _____

I enclose a Cheque / Bank Draft for € _____ being a non-refundable deposit of €150 per person.
Cancellation charges will apply from 8 weeks prior to departure.

Credit / Debit card payment **Visa** **MasterCard** **Visa Debit** **Laser**

Card Holder Name: _____ Card Number _____

Expiry Date _____ CVV Number _____ Amount € _____

Or Please make all cheques payable to Joe Walsh Tours.

Signature _____ Date _____

Parent/Guardian (under 18) PRINT: _____ SIGNATURE: _____

Please return all completed booking forms and cheques/cash to:
Cathriona Kelly, Faith Development Services, Cathedral Parish Centre, College st, Carlow.