



Individual Registration

PLEASE PRINT

Pilgrimage to the Holy Land June 26th until July 8th, 2019 Young between 18 and 35 years old Accompanied by Bishop Christian Lépine		
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FIRST NAME: (exactly as it appears on your passport)									
NAME: (exactly as it appears on your passport)									
SEX : <input type="checkbox"/> M <input type="checkbox"/> F		Date of birth :		YEAR		MONTH		DAY	
TITLE :		<input type="checkbox"/> STUDENT		<input type="checkbox"/> PRIEST		<input type="checkbox"/> DEACON		<input type="checkbox"/> LAY CONSECRATED	
		<input type="checkbox"/> WORKER		<input type="checkbox"/> SINGLE		<input type="checkbox"/> RELIGIOUS		<input type="checkbox"/> MARRIED	
ADDRESS :									
CITY:				POSTAL CODE:					
HOME TEL : ()		WORK TEL : ()		CELL PHONE :		()			
EMAIL									
PARISH/GROUPE									
DIOCESE :		<input type="checkbox"/> MONTREAL			OTHER :				

PASSPORT INFORMATION

PLEASE PRINT THE INFORMATION AS IT APPEARS ON YOUR PASSPORT. **YOUR PASSPORT MUST BE VALID 6 MONTHS AFTER YOUR DEPARTURE.** ANY CHANGE MUST BE REPORTED TO THE YOUTH MINISTRY OFFICE. Please note that if your passport expires before your departure, please replace it and advise us of the new passport issue number at least 90 days before departure.

CANADIAN PASSPORT NUMBER:		PLACE OF BIRTH:	
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INFORMATION ON HEALTH CONDITIONS

EMERGENCY CONTACT PERSON:

RELATIONSHIP TO YOU:		TEL	()
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INSURANCE INFORMATION

Package Chosen: Travel Insurance (Blue Cross) : (Choose one)

Price per pers. / age	Emergency medical care benefit <input type="checkbox"/>	Package Plus <input type="checkbox"/> (emergency medical care benefit, cancellation for 4100\$ and baggage at 1 500\$)	Package Plus without medical care <input type="checkbox"/> (emergency medical care benefit, cancellation for 4100 \$ and baggage at 1 500\$)	
0 à 35 years	56.30 \$	225.48 \$	179.08 \$	I, with the full knowledge and on behalf of all other persons whose names appear on my file, decline the travel insurance coverage and associated services offered to me by my travel counsellor. Furthermore, I free the travel agency from any and all obligations arising from losses or expenses that might be incurred during my travel as a result of this refusal. <input type="checkbox"/>
36 à 45 years	58.90 \$	260.51 \$	211.51 \$	
46 à 50 years	61.14 \$	287.83 \$	236.59 \$	
51 à 55 years	61.77 \$	318.48 \$	266.61 \$	
56 à 60 years	64.47 \$	357.67 \$	303.10 \$	
61 à 65 years	71.56 \$	425.05 \$	363.39 \$	
66 à 70 years	90.62 \$	512.87 \$	432.15 \$	

DESTINATION: Holy Land	DEPARTURE: June 26 th , 2019	RETURN: July 8 th , 2019
PRICE: 4 100 \$ per person, double occupancy		
SUPPLEMENT CHAMBRE INDIVIDUELLE : 970 \$ ***Limited Quantity ***		
DESIRED OCCUPANCY* :		
<input type="checkbox"/> Individual room*: + 970 \$) * According to availability - Limited Quantity *		
<input type="checkbox"/> Shared room, Name of roommate:		
<input type="checkbox"/> I would like to share a room with someone in the group		

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TERMS AND CONDITIONS

Important notice: Your registration for Holy Land 2019 involves an agreement between you and those who provide the services. Please read all the information on this page since it sets out the conditions covering the travel and other services offered.

BOOKING AND PAYMENTS

Upon registration, a minimum deposit of \$500 must be provided. This deposit is **non-refundable**. The tour operator reserves the right to cancel your booking if payments are late and to charge the cancellation fees outlined below.

Please abide by the following payment schedule:

	Deadline	Amount
1st Payment	Upon registration	\$500
2nd Payment	March 10 th , 2019	\$1500
3rd Payment	April 10 th , 2019	Balance

CANCELLATION FEES

If you intend to cancel, notify your tour leader immediately. Cancellation charges will apply based on the date Spiritours receives notice of cancellation from the Diocese of Montreal.

Up to 90 days prior to departure: \$500 penalty (the first deposit is non-refundable)

Between 89 and 60 days prior to departure: 2000\$ non refundable

Less than 60 days from departure: 100% non-refundable

INSURANCE

As a participant of the Holy Land 2019 pilgrimage with the Diocese of Montreal and Spiritours, you must take a full insurance coverage with Blue Cross (medical, trip cancellation and luggage) with your package, unless you can prove that you are already covered by another insurance. You must complete the exclusion form for pre-existing conditions. It is your responsibility to verify the risks covered and other details included in your group contract.

CHANGES

Up to \$300 fee for any change of the passenger's name. Less than 60 days prior to departure, any change will be considered as a cancellation and the fees mentioned above will apply.

Spiritours reserves the right to cancel a tour if the minimum number of participants is not reached by the deadline or to change the dates if deemed necessary. In case of a cancellation called by Spiritours, the full amount paid for the tour will be reimbursed and this will represent the final settlement towards the client. Spiritours will not be required to intervene when a problem occurs between the authorities of a country and a member of the group if he/she does not comply with the laws, customs, rules and traditions of the host country.

DOCUMENTATION

A valid [Canadian passport](#) is required for Canadians intending to visit the Holy Land. The passport must be valid for at least six months after the date of your expected return. Each passenger must provide two photocopies of its passport. Passengers who do not have their Canadian citizenship must contact the Israeli authorities on entry and exit requirements. In the event that the passenger does not possess the documentation required by the authorities, the carrier reserves the right to refuse passage.

FLIGHTS AND CARRIERS

All flight times, flight itineraries and carriers are subject to change with or without prior notice. We recommend that you contact the airline within 24 hours of departure to confirm your departure time. Flight check-in opens three hours before and closes 60 minutes prior to departure. Spiritours recommends that you check-in 3 hours prior to departure. The tour operator cannot be held responsible if you miss your flight or are denied boarding.

BAGGAGE

Each person is entitled to one normal sized piece of checked luggage. Weighing a maximum of 23 kg.

INCREASE IN COSTS

Unless otherwise specified, all prices are in Canadian dollars. The costs are dependent on fuel costs, rates of exchange, taxation and other factors. Should these costs increase, the Tour Operator reserves the right to increase the price.

COMPLIANCE

The passenger agrees to comply with any reasonable instructions issued by the Tour Operator or its representative relating to the tour. In the case a passenger has a detrimental behaviour towards other passengers or the suppliers and who persists in his behaviour despite a formal notice from the supplier or one of his representatives, the passenger will be expelled from the group and will have to assume all extra fees related to his behaviour such as lodging, food and transportation.

TOUR OPERATOR'S RESPONSIBILITY

The Tour Operator shall not be responsible for any loss, damage or injury, whether physical or mental, resulting from any delay, substitution of equipment, or any act, omission, negligence or commission of any party supplying any of the services or accommodation herein, its agents, servants, employees, subcontractors, or for any claims for such loss, damage, or injury, or from any cause that arises by reason of actions of parties other than the Tour Operator. No refunds or adjustments will be made for portions of the trip or attendant services not taken or used.

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Health Declaration • Form D
Emergency Medical Care

GROUP INSURANCE

Applicable: to persons purchasing the **Emergency Medical Care** benefit

Each insured is subject to clauses related to pre-existing conditions included in the contract.
It is important for **each** insured to read the clauses carefully.

General Eligibility - All Applicants

Important: If the **Emergency Medical Care** benefit is selected, it is mandatory for all applicants to **hold** government health / hospital insurance from their province of residence.

AGE / DURATION: 0-54, ANY DURATION

Section 1: Notice Regarding Pre-existing Conditions

- Been hospitalized.
- Consulted a physician (except for a medical checkup).
- Had a change in dosage in existing medication¹.
- Received a new prescription or taken a new medication.
- Had a change in an existing treatment.
- Received a new treatment or a prescription for a new treatment.
- Taken nitroglycerin for any heart condition more than once in a 7-day period for the relief of chest pain.
- Been treated with home oxygen or needed corticosteroid therapy for a pulmonary condition.

AGE / DURATION: 55-75, 31 DAYS AND LESS

Section 2: Insurance Eligibility

Insurance eligibility is subject to the following conditions. Each person who has purchased this insurance must be able to answer **NO** to each of the following questions. This determines coverage eligibility. Please read them carefully and notify your distributor **immediately** if you are not eligible. Answers must be valid for each insured person on the contract.

- Has your doctor advised you not to travel?
- Do you suffer from a terminal illness?
- Do you suffer from kidney failure treated through dialysis?
- Have you been diagnosed with or treated for metastatic cancer?
- In the past 12 months, have you been prescribed or have you used oxygen at home?

If there is a «YES» to at least one of the questions, the person is ineligible for the travel insurance product.

Section 3: Notice Regarding Pre-existing Conditions

For **Emergency Medical Care**, in order for an illness, injury or pre-existing health condition to be covered during a trip, a **6-month** period of stability is required before departure. For a pre-existing condition to be considered stable and covered during a trip, none of the persons applying for coverage must have:

- Been hospitalized.
- Consulted a physician (except for a medical checkup).
- Had a change in dosage in existing medication¹.
- Received a new prescription or taken a new medication.
- Had a change in an existing treatment.
- Received a new treatment or a prescription for a new treatment.
- Taken nitroglycerin for any heart condition more than once in a 7-day period for the relief of chest pain.
- Been treated with home oxygen or needed corticosteroid therapy for a pulmonary condition.

Warning! Unstable conditions are excluded, and therefore not covered during the trip.

ALL APPLICANTS - TRIP CANCELLATION / INTERRUPTION

NOTE: For the **Trip Cancellation / Interruption** benefit included in the product you have selected, in order for an illness, injury or pre-existing health condition to be eligible for cancelling or interrupting your trip, a 3-month period of stability is required before the insurance purchase date.

Important: Any incomplete, erroneous or inaccurate statement shall render the travel insurance contract **NULL** and **VOID** in its entirety.

f. The following elements are not considered as a change in existing medication:

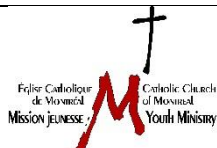
- Aspirin taken for non-prescribed medical purposes;
- decrease of the dosage of cholesterol medication;
- hormone replacement therapy;
- vitamins and minerals and non-prescription medication;
- the routine adjustment of insulin or Coumadin;
- a change from a brand name medication to a generic brand medication, provided the dosage is the same;
- creams or ointments prescribed for cutaneous irritations

Blue Cross has a policy on confidentiality, please refer to the notice regarding personal information in your travel insurance policy.

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GENERAL CONDITIONS

POLITICS ON PICTURES OF PILGRIMS TAKEN DURING EVENTS RELATED TO WYD BY THE YOUTH MINISTRY OFFICE

During preparation events heading up to the Holy Land 2019 pilgrimage, during and post the pilgrimage, the pilgrim is aware that the Youth Ministry team may take pictures and videos of participants and will use them for promotional or communication purposes only (posters, videos, communications, etc.) Pictures will not be used in any way for commercial purposes.

CODE OF CONDUCT

Each pilgrim as well as each young adult leader is expected to respect all rules set forth by Mission Jeunesse-Youth Ministry as well as the country in which the pilgrimage will be held. The appropriate attitude of respect begins right at the start of the pilgrimage preparation. Any participant who jeopardizes or puts the group in danger will not be permitted to participate in the pilgrimage. It is therefore imperative that each pilgrim be aware of and put into practice, certain disciplinary rules to assure proper order, from the beginning as well as during the pilgrimage in the host country:

Extreme, disturbing or violent behaviour is unacceptable and will not be tolerated at any time.

We reserve the right to refuse or expel any candidate if there is any lapse in acceptable behaviour, based on the rules laid out in the code of conduct or the law as described below:

- ⇒ If he/she is a suspect or found guilty of any legal infraction.
- ⇒ If he/she commits any major offense (consumption of illegal drugs, consumption of alcohol, aggression, theft, grievous disturbance, as well as any criminal activity).
- ⇒ For minor infractions, expulsion will occur following warning number 3 (Minor infraction include : *Not respecting the directives of the pilgrimage group leader, partial or total absence from the pilgrimage activities, language or behaviour that negatively affects the positive experience of the pilgrimage, lack of collaboration by the pilgrim, etc.*)

Be aware that the law will be applied rigorously throughout our pilgrimage, and so pilgrims are encouraged to respect the rules and directives.

POLITICS ON CANCELLATION AND NAME CHANGE

The first payment of \$500 will be used to secure a spot for the pilgrim on the airplane. Therefore, this deposit of **\$500 is NON-REFUNDABLE. NO EXCEPTIONS.**

The Youth Ministry office takes no responsibility in the change of names. It is the pilgrim's responsibility to insure that the names are correctly written as written on passport.

TRAVEL, BAGGAGE AND CANCELLATION INSURANCE

Insurance:

To be exempted from the cost of the insurances, pilgrims must provide to Mission Jeunesse – Youth Ministry Office a proof of insurance (a photocopy of the insurance policy.) The description of the insurance is not sufficient to the Youth Ministry's office.

****If you do not check off any box and/or do not submit any proof of insurance, the Youth Ministry office will understand this to be that you will take the insurance as indicated in the package. **NO CREDIT will be accorded. No modifications accepted once you have submitted your registration form.**

An additional cost may be added for pilgrims that are over the age of 61.

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CONSENT AND RELEASE

I, the signing party, _____

consent to receive any and all medical treatments that may prove necessary under any emergency situation, which may arise during my stay and participation in the Holy Land 2019 pilgrimage. I hereby, on behalf of myself, my heirs, successors, (or having cause), release from all responsibility the CARCM (*Corporation archiépiscopale catholique romaine de Montréal*), their agents, animators, or other representatives of said event, and this, in regard to any and all claims for material damages, arising during my participation or stay in said event. I also agree to indemnify the CARCM of any and all medical expenses that it may incur on my behalf in case of an emergency.

I acknowledge that the CACRM may take pictures (photos) during the course of the Holy Land 2019 pilgrimage, and I consent to having pictures in which I appear used by the CACRM in media coverage or for promotional ends. Nonetheless, I reserve the right to inform any photographer on site that I wish not to be photographed.

I have read and understood the **Consent and Release**

Signature : _____

Date : ____ / ____ / ____

PARTICIPANT CONSENT STATEMENT

I, _____, have read and understood the Term & Condition of Spiritours and Mission Jeunesse (document attached). I release the Archdiocese of Montreal of all responsibility related to my participation in this activity. Furthermore, I understand and I accept that my photos may be published by Mission Jeunesse in the future for promotional and communication purposes.

Signature of the participant

DATE

To continue your registration, we ask you to provide

This registration form fully completed;

Please send cheques to **Mission Jeunesse, 2000 Rue Sherbrooke Ouest, Montréal, Québec, H3H 1G4.**

A **NON-REFUNDABLE** deposit of \$ 500 (plus the cost of insurance if needed) by cheque made to the order of **Spiritours (NO CASH PAYMENTS WILL BE ACCEPTED)**

1 photocopy of your passport in which all information must be readable

To be exempted from insurance costs please submit proof of medical or baggage and cancellation insurance upon registration.

A letter of intent (Min 250 words, max 500 words).

Two letters of reference from people who are presently accompanying you in your journey of spiritual growth.

The Youth Ministry Office will not proceed with registration for pilgrims whose payments are not up to date.

NO EXCEPTIONS WILL BE ACCEPTED.

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DEPOSIT

Hereby, I, _____, authorize **Spiritours** (or its suppliers) to charge the amount of _____ \$ on my credit card.

Type of card (Visa, Master Card**): _____

Credit card number: _____

Exp.: _____

Date: _____

Signature: _____

BALANCE

Hereby, I, _____, authorize **Spiritours** (or its suppliers) to charge the amount of _____ \$ on my credit card 60 days prior to departure.

Type of card (Visa, Master Card**): _____

Credit card number: _____

Exp.: _____

Date: _____

Signature: _____

***Please take note that the American Express credit card is not accepted. ***

N.B. We offer a discount of 50 \$ per person for payment made by check (Deposit & balance).