

APPLICATION



Please send application to:
(only per fax or per post)

COURTIAL REISEN GmbH & Co. KG
Oranienstraße 11
65604 Elz
Germany

FAX: 0049 64 31-95 61 50

I authorize COURTIAL REISEN bindingly, under acknowledgement of the general travel conditions (ARB)* to book the following:

PILGRIMAGE TO ROME

of the European Community of Historic Guilds (EGS) from **October 31st – November 3rd, 2019**

Number of persons travelling _____

Half-board (only for groups on request)

Accommodation in a twin room with private facilities

Accommodation in a single room with private facilities

Arrival per flight (only departure from Germany)

Arrival per flight / bus / car (under own direction)

Optional excursions: _____ persons / **OSTIA ANTICA** or alternative _____ persons / **CASTEL GANDOLFO**

I am a member of the Guild / the band _____

in _____

Surname, First Name

Street

Postal Code / City / Country

Invoice address

Name in full _____

Street _____ Postal Code/City/Country _____

Phone _____ Fax _____ E-mail _____

Extract from the general travel conditions (ARB)

Payment:

With the booking confirmation / invoice you will receive an insolvency insurance policy from COURTIAL REISEN based on § 651k German Civil Code. Within a week after reception of the booking confirmation a 20 % deposit of the package price has to be paid per person, rounded up to € 5. The rest payment has to be made 27 days prior to commencement date. When bookings are made less than 27 days prior to commencement date the full amount is due on receiving of the insolvency insurance policy.

Cancellation fees:

until 30 days prior to commencement date 20 % of package price
from 29 till 22 days prior to commencement date 25 % of package price
from 21 till 15 days prior to commencement date 35 % of package price
from 14 days till 1 day prior to commencement date 65 % of package price
on day of commencement date or no-show 80 % of package price

We recommend to conclude a travel cancellation insurance.

This application is also binding for the persons listed above. I expressly assume the contractual obligation of these persons as my own according to your general travel conditions and stand up for their liabilities to pay. I am personally responsible.

* Our detailed ARB can be required at COURTIAL REISEN (phone 0049-6431-95 61 0) or be read on our website www.courtial-reisen.de

Date / City _____ Signature _____