



IHCPT
**The Irish
Pilgrimage
Trust**



Accommodation Booking Form

Group Number: _____

Group Leader: _____

Number of persons in group: _____

Hotel Name: _____

Please indicate below the room composition required by your group:

One bedded rooms:

Two bedded rooms:

Three bedded rooms:

Four bedded rooms:

First meal required upon arrival (please tick):

Petit Dejeuner (Breakfast):

Dejeuner (Lunch):

Diner (Dinner):

Repas Leger (Light Meal):

Last meal required before departure (please tick):

Petit Dejeuner (Breakfast):

Dejeuner (Lunch):

Diner (Dinner):

Repas Leger (Light Meal):

Number of extra wheelchairs needed in hotel (if any):

Other special requirements: _____

