



THE MINISTRY OF CARING INC.

BEST OF IRELAND, August 12 - 22, 2026, RESERVATION FORM
Pricing: Double occupancy: \$4,976. Single occupancy: \$5,876

With direct, round trip flights from Philadelphia to Dublin, Ireland - Dublin Ireland to Philadelphia

I/we want to make the following reservation/s.

(The name of each passenger must match the details on the photo/ID page of their passport – please type or print)

Passenger 1.

First name _____ Middle name/s _____

Last name _____ Suffix _____

Room type: Double room _____ Single room _____ (for single supplement, please add \$900) Passenger's age _____

Passenger 2. (if applicable)

First name _____ Middle name/s _____

Last name _____ Suffix _____

Room type: Double room _____ Single room _____ (for single supplement, please add \$900) Passenger's age _____

Do any passengers listed above have any dietary requirements, food allergies, or any personal medical, mobility, or accessibility needs? YES ____ NO _____. If yes, please give details: _____

PLEASE GIVE THE CONTACT DETAILS OF THE PERSON MAKING THIS RESERVATION

First name _____ Middle name/s _____

Last name _____ Suffix _____

Address _____ Apt # _____

City _____ State _____ ZIP _____

Home phone (with area code) _____ Cell phone (with area code) _____

Email address _____

IMPORTANT UK ENTRY REQUIREMENTS: Unless you hold a valid passport for either the United Kingdom or the Republic of Ireland, **BEFORE YOU TRAVEL**, you will need to obtain an Electronic Travel Authorization (ETA).

To avoid scammers and unnecessary fees, you are advised to apply for your ETA through the

British government website: www.gov.uk/eta/apply

TO SECURE YOUR RESERVATION, PLEASE COMPLETE THE PAYMENT DETAILS ON THE NEXT PAGE >>>

A deposit of \$1,976 per person secures your reservation. All reservations are made on a first come, first served basis. The final balance is due May 12, 2026, 90 days before departure. Travelers under the age of 18 MUST be accompanied by an adult.

Please find enclosed my/our check for \$ _____ made payable to *The Ministry of Caring Inc.*

Please note: there will be a 3% fee for credit card payments. Please charge my credit card, details below:

Card # _____ **Amount to be charged \$** _____

Card holder's name as it appears on the card _____

MasterCard VISA Discover Amex Card expiration date _____ / _____
Month _____ Year _____

The three or four* digit number on the front* (or back) of the card. *AmEx

All passengers noted on this form must sign below:

Passenger 1,

Name: _____ Signature: _____ Date: _____

Passenger 2,

Name: _____ Signature: _____ Date: _____

PLEASE INCLUDE COPIES OF THE PHOTO/ID PAGE OF EACH PASSENGER'S PASSPORT

(IMPORTANT: Each passenger's passport MUST be valid through until at least February 12, 2027)

Please MAIL your completed form to:

**Debbe Philips
The Ministry of Caring Inc.
115 East 14th Street
WILMINGTON, DE 19801-3209**

(302) 652-5523 dphilips@ministryofcaring.org