



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 ____ / ____ CSV number _____
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