



Pilgrimage to European Marian Sanctuaries

April 7 to 17, 2026



FATIMA, PORTUGAL

- Eucharistic Miracle of Santarem
- Sanctuary of Our Lady of Fatima
- Aljustrel – Shepherd's homes
- Obidos Castle



MEDJUGORJE, BOSNIA

- Apparition Hill
- Blue Cross Mountain
- Kravice Waterfalls
- and many more!!



PARIS, FRANCE

- Miraculous Medal Chapel
- Notre Dame Cathedral
- Basilica of the Sacré-Coeur
- Eiffel Tower, Arc de Triomphe

\$6,142 CAD

per person on double room

Optional:

7 day extension to The Holy Land as described below for an additional CAD\$3,442 ONLY!

Pilgrimage to The Holy Land

April 15 to 23, 2026



GALILEE/NAZARETH

- Basilica of the Annunciation
- St Joseph's church & workshop
- Mount of Beatitudes
- Church of St. Peter in Capernaum
- Mount Tabor (Transfiguration)



JERUSALEM

- Boat ride in the Sea of Galilee
- Jerico & Mount of Temptation
- Jordan River
- Dead Sea
- Church of the Nativity



BETHLEHEM

- Mount of Olives
- Garden of Gethsemane
- Chapel of the Ascension
- Holy Sepulcher Church
- and much more!!

\$5,342 CAD

per person on double room

**Applicable
to BOTH Pilgrimages**

**SPECIAL
PROMO**

Sign up by Sep 30, 2025 save \$200
Pay by check or eTransfer save \$200

INCLUSIONS

- ✓ First class hotel accommodations
- ✓ Round trip Airfare from Winnipeg (Contact us for other cities)
- ✓ Daily breakfast & dinner
- ✓ Tours and admissions
- ✓ Tips (drivers & guides)

EXCLUSIONS

- ✗ Insurance: Cancellation & Medical
- ✗ Daily lunch
- ✗ Personal Expenses

**\$500 CAD non refundable deposit
required to reserve your spot**

GALAXY TRAVEL LTD BOOKING SHEET

EUROPEAN MARIAN SANCTUARIES + EXTENSION TO THE HOLY LAND: ☐

EUROPEAN MARIAN SANCTUARIES ONLY: ☐

HOLY LAND PILGRIMAGE ONLY: ☐

Name Must Appear Exactly As On Passport

Passenger #1:

FIRST & MIDDLE NAME: _____

LAST NAME: _____

BIRTH DATE: Day: _____ Month: _____ Year: _____

PASSPORT # _____ **NATIONALITY:** _____

DATE OF ISSUE: _____ **EXPIRY DATE:** _____

AIR CANADA AEROPLAN # (if applicable): _____

HOME ADDRESS: _____

CITY: _____ **PROV:** _____ **Postal Code:** _____

PHONE: (____) _____ **E-Mail:** _____

EMERGENCY CONTACT NAME: _____ **PHONE#:** _____

SINGLE ROOM: ☐ **HAVE/NEED ROOMMATE:** ☐ **WHEELCHAIR ASSISTANCE (FLIGHTS):** ☐

Passenger #2/Roommate (if applicable):

FIRST & MIDDLE NAME: _____

LAST NAME: _____

BIRTH DATE: Day: _____ Month: _____ Year: _____

PASSPORT # _____ **NATIONALITY:** _____

DATE OF ISSUE: _____ **EXPIRY DATE:** _____

AIR CANADA AEROPLAN # (if applicable): _____

HOME ADDRESS (only if different from passenger #1): _____

CITY: _____ **PROV:** _____ **Postal Code:** _____

PHONE: (____) _____ **E-Mail:** _____

EMERGENCY CONTACT NAME: _____ **PHONE#:** _____

WHEELCHAIR ASSISTANCE (FLIGHTS): ☐

Payment Information:

FORM OF PAYMENT: Cheque/e-transfer ☐ Visa ☐ MasterCard ☐ Amex ☐

CREDIT CARD NUMBER _____ **SECURITY#** _____

CREDIT CARD EXPIRY DATE: Month: (MM) _____ / Year: (YY) _____

NAME ON CREDIT CARD: _____

SIGNATURE: _____

IMPORTANT:

- A \$500 non-refundable deposit per pgr is required to secure the booking.
- Final Payment due December 15, 2025
- We strongly recommend passengers to purchase Cancellation & Medical Insurance

Private & Confidential

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