



WORLD YOUTH DAY 2016
PILGRIM TRAVEL INSURANCE APPLICATION FORM
(Underwritten by QBE Insurance Australia Limited)

Pilgrim Name: _____

Pilgrimage Tour Code: _____

Booking Reference: SYWY _____

Date of departure: _____

Date of arrival: _____

Total no. of days: _____

Important notes:

- This travel insurance plan is only valid for a maximum of 30 days in total. If you are travelling for longer than 30 days, you require to purchase a different travel insurance policy.
- This travel insurance plan does not cover any pre-existing medical conditions. If you have a pre-existing medical condition(s) that you require cover for, you require to purchase a different travel insurance policy.

SIGNATURE: _____

DATE: _____

CONTACT TELEPHONE: _____

By signing and returning this authority, you authorise Harvest WYD Tours to add the travel insurance premium to your online pilgrim account and issue a travel insurance policy on your behalf.

Please complete and sign this form and return via fax or scan/email to:

Harvest WYD Tours
Email: harvest@wydtours.com | Fax: (02) 9390 5480