

**TRAFALGAR**

**EXPRESS REGISTRATION FORM**

BOOKING REFERENCE: C316611 – Irish Experience

GROUP CONTACT: Tourcy LLC – [concierge@travelwithtourcy.com](mailto:concierge@travelwithtourcy.com) – 812-781-0201

NAME PER PASSPORT: \_\_\_\_\_ GENDER: F \_\_\_\_\_ M \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE-ZIP: \_\_\_\_\_

CELL #: \_\_\_\_\_

DOB: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ROOMING: SINGLE \_\_\_\_\_ DOUBLE \_\_\_\_\_ TRIPLE \_\_\_\_\_ (SINGLE AND TRIPLES ARE LIMITED)

MY ROOMATE IS: \_\_\_\_\_

SPECIAL REQUEST – WE DO OUR BEST TO ACCOMMODATE, BUT SPECIAL REQUESTS ARE NOT GUARANTEED:  
\_\_\_\_\_

ARCH INSURANCE COMPANY - TRAVEL INSURANCE: \_\_\_\_\_ YES \_\_\_\_\_ NO

TRAVEL PROTECTION PLAN: \$499      DEPOSIT DUE: \$300      \_\_\_\_\_ TOTAL (DEPOSIT PLUS TRAVEL PROTECTION):  
\_\_\_\_\_

INSURANCE SPECIFIC DETAIL COVERAGE VISIT [WWW.TRAFALGAR.COM/EN-US/ABOUT-US/TRAVEL-INSURANCE](http://WWW.TRAFALGAR.COM/EN-US/ABOUT-US/TRAVEL-INSURANCE)

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