CELTIC JOURNEYS 2026 Private Tours Registration

Mail to: Celtic Journeys, 413 Wacouta Street, Suite 250, St. Paul, MN 55101 —Tel 651-291-8003 OR FAX: 651-222-1322

E-mail: maria@celtic-journeys.com—www.celtic-journeys.com

Trip Date & Ref: GraBia April 14 to 23 2026

(Mr./Mrs./Ms.) Full Name - as it appears/or will appear in your Passport	DOB:
(MIL/MIS./MIS.) Full Name - as it appears/of will appear in your rassport	DOB:
(Spouse/Companion) Full Name - as it appears/or will appear in your Passpor	
Home Address (as per credit card billing)	City
State Zip () () Home Teleph	one E-Mail
Airline Reservations: I would like help with my airline reservations □ A fee of \$50 per ticket will apply	I will make my own airline reservations □ A copy of your flight itinerary will be required
LAND DEPOSIT AMOUNT IS: \$700 PER PERSON Terms & Conditions: Initial land deposit paid is non-refundable onc weeks prior to departure) and prior to date of travel is subject to refaccommodation. Airfares are generally non-refundable, but can be reus individual cancellation policies related to your specific trip at time of b	unds obtained at transportation and hotels discretion in reserved at a later date (check your specific ticket). Please check or
Travel Insurance is highly recomn	ended—please ask for a quote
Please reserve: All rooms will be requested as non-smoking	g unless otherwise advised
Double (1) Bed Room ☐ Twin (2) Bed	Room □ Single Bed Room □
Method of Payment: ☐ Visa ☐ MasterCard	☐ Amex ☐ Check or Money Order
Credit Card #:Exp:	Cardholder's Name:
3 Digit Sec: (on back, 4 digits on the front for American For the land portion a discount is offered based on cheque payments apply if paid by credit card (discount applies to final payment). Howe	to offer you the best price possible. This discount will not
I hereby authorize Celtic Journeys to charge the following amount form constitutes full acceptance of all terms and conditions noted .	to the credit card noted above. Payment with registration Total Payment Amount:
Card may also be used to issue my airline tickets direct with which requested by me. I will be notified of any costs or charges prior to o	ever airline has been agreed upon or/and travel insurance ard being charged.
Cardholder's Signature	
☐ I/we would like a quote for Travel Insurance for the following	g:
Name:	Gender:
Name:	Gender:
☐ I/We decline Travel Insurance. Signed:	
Emergency contact:	Tel:
ALLERGIES OR FOOD CONCERNS:	