CELTIC JOURNEYS 2027 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 27 to May 06, 2027

_____DOB:_____
(Mr./Mrs./Ms.) Full Name - as it appears/or will appear in your **Passport**

_____DOB:_____
(Spouse/Companion) Full Name - as it appears/or will appear in your P**assport**

_____
Home Address (as per credit card billing) City

_____ _____ (_____)_____ (_____)_____ _____
State Zip Cellphone Home Telephone E-Mail

Airline Reservations:
I would like help with my airline reservations ☐ **I will make my own airline reservations** ☐
A fee of $50 per ticket will apply ***A copy of your flight itinerary will be required***

LAND DEPOSIT AMOUNT IS: $800 PER PERSON
Terms & Conditions: Initial land deposit paid is non-refundable once paid. Cancellation made after final payment has been made (8 weeks prior to departure) and prior to date of travel is subject to refunds obtained at transportation and hotels discretion in reselling accommodation. Airfares are generally non-refundable, but can be reused at a later date (check your specific ticket). Please check on any individual cancellation policies related to your specific trip at time of booking.

Travel Insurance is highly recommended—please ask for a quote

Please reserve: ***All rooms will be requested as non-smoking 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 Express)
For the land portion a discount is offered based on cheque payments to offer you the best price possible. This discount will not apply if paid by credit card (discount applies to final payment). However credit card can be used for air and travel insurance.

I hereby authorize Celtic Journeys to charge the following amount to the credit card noted above. Payment with registration form constitutes full acceptance of all terms and conditions noted . Total Payment Amount:_____

Card may also be used to issue my airline tickets direct with whichever airline has been agreed upon or/and travel insurance if requested by me. I will be notified of any costs or charges prior to card being charged.

Cardholder's Signature_____

☐ I/we would like a quote for Travel Insurance for the following :

Name: _____ Gender: _____

Name: _____ Gender: _____

☐ I/We decline Travel Insurance. Signed:_____

Emergency contact:_____Tel:_____

ALLERGIES OR FOOD CONCERNS:_____