2026 Wild Colonial Bhoys Tour Registration Form

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

October 29th to November 07, 2026

| | | | | DOB: |
|--|--|--|-------------------------------------|--|
| Prefix Full Name (as it appears/or will appear | r in Passport) | | | |
| Prefix Full Name - as it appears/or will appea | r in Passport (Please fill in t | he name of the person you | u are sharing with | DOB: |
| | | | | |
| Mailing Address (as per credit card billing) | | | | City |
| State Zip ()Cell Phone | () | | | |
| State Zip Cell Phone | Home/O | ther Phone | E-Mail | |
| Airline Reservations: I would like help with my airline reservations: There is a fee of \$50 per ticket booked by | | | | ons ur booked itinerary |
| LAND DEPOSIT AMOUNT IS: \$500 paid in prior to departure) and prior to date of accommodation. Airfares are generally not individual cancellation policies related to | is non-refundable once of travel is subject to ron-refundable, but can be | efunds obtained at tra e reused at a later date (| ansportation ar | nd hotels discretion in reselling |
| Travel | Insurance is highly rec | ommended—please as | sk for a quote | |
| Please reserve: All rooms will | be requested as non-sm | oking unless otherwise | advised | |
| Double (1bed/couple) room □ Twin | (2 bed) room \Box | Single Bedroom (| (1 person) | 1 Triple Bedroom (3 ppl) |
| Method of Payment: ☐ Visa | ☐ MasterCard | □ Amex | | Check or Money Order |
| Credit Card #: | Exp: | Cardholder's | Name: | |
| 3 Digit Sec: on back of ca For the land portion a discount is offered apply if paid by credit card (discount app | ard (4 digits on front for A d based on cheque paym olies to final payment). I | ents to offer you the be | est price possib n be used for a | le. This discount will not ir and travel insurance. |
| I hereby authorize Celtic Journeys to c form constitutes full acceptance of all to | | | | Payment with registration |
| Card may also be used to issue my airli requested by me. I will be notified of an | | | | on or/and travel insurance if |
| Cardholder's Signature | | | _ | |
| ☐ I/we would like a quote for Travel Insu | arance for the following t | ravelers: | | |
| Name: | | Gender: | | |
| Name: | | | | |
| ☐ I/We decline Travel Insurance. Sign | ned: | | | |
| Emergency contact: | | Tel: | | |

FOOD ALLERGIES OR SPECIAL REQUIREMENTS: