

REGISTRATION FORM HOF March Ireland 2016

Mail to: Celtic Journeys, 2014 Montreal Avenue, St. Paul, MN 55116—Tel 651-291-8003

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

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 Passport

CITY: _____
Home Address (as per credit card billing)

State Zip () Work Telephone () Home Telephone E-Mail

Airline Reservations:

I would like help with my airline reservations

I will make my own airline reservations

LAND DEPOSIT AMOUNT IS: \$250 PER PERSON

Custom Trips: Initial deposit paid is non-refundable once paid (\$100 may be applied to a future trip). 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 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. We also take payments on a monthly schedule.

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 Triple Bed Room

Method of Payment: Visa MasterCard American Express Check

Credit Card #: _____ Exp: _____ Cardholder's Name: _____

3 Digit Sec: _____ (on back)

For the land portion a discount has been offered. This discount will not apply if paid by credit card. 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 cost and will provide approval prior to charge.

Cardholder's Signature _____

I would like a quote for Travel Insurance. Name & Date of Birth: _____

I would like a quote for Travel Insurance. Name & Date of Birth: _____

I/We decline Travel Insurance. Signed: _____

Emergency contact: _____ Tel: _____