

OLSH—Ireland 2012 Emerald Classic

Mail to: Celtic Journeys, 2014 Montreal Avenue, St. Paul, MN 55116—Tel 651-291-8003 OR FAX: 651-222-1322
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

Home Address (as per credit card billing) _____ City _____

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

Airline Reservations:

I would like Celtic Journeys to contact me & make my airline reservations I will make my own airline reservations

LAND DEPOSIT AMOUNT IS: \$275 PER PERSON—additional deposits will be required in stages. When your deposit has been received, these dates will be details on your confirmation invoice.

Custom Trips: \$275 of the initial land deposit paid is non-refundable once paid (unless you find a replacement). 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. Game Ticket fees paid are non-refundable (unless tickets are resold)

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 (3)

Method of Payment: Visa MasterCard Check or Money Order American Express

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

3 Digit Sec: _____ (on back)

For the land portion a discount has been offered based on cheque payments to offer you the best price possible. 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 prior to charge.

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: _____

