

2018 WORLD MEETING OF FAMILIES Registration Form

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

IRELAND August 23 to September 03, 2018

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 _____ (_____) _____ (_____) _____
Cell or Work Telephone Home Telephone E-Mail

Airline Reservations:

I would like help with my airline reservations I will make my own airline reservations

FOOD ALLERGIES OR SPECIAL REQUIREMENTS:

LAND DEPOSIT AMOUNT IS: \$500 PER PERSON

Custom Trips: \$300 of the initial land deposit paid is non-refundable once paid (50% may be applied to a future tour). 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 Triple Bed Room

Method of Payment: Visa MasterCard Amex Check or Money Order

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

3 Digit Sec: _____ (on back)

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 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: _____

ALLERGIES OR FOOD CONCERNS: _____