CELTIC JOURNEYS 2025 Escorted Tour Registration Form

Mail to: Celtic Journeys, 413 Wacouta St. Suite 250 St. Paul, MN 55101 OR FAX: 651-222-1322 Tel 651-291-8003 E-mail: Jean@celtic-journeys.com - www.celtic-journeys.com

IRELAND with Mary Penxa & Sawmill Creek Fiber Events

DATES: 23rd September - 05th October - 2025

| | DOB: |
|---|--|
| (Mr./Mrs./Ms.) Full Name - as it appears/or will appear in your Passpo | ort |
| (Spouse/Companion/Person sharing with) Full Name - as it appear | DOB: |
| (Spouse/Companion/Ferson snaring with) Full Name - as it appear | irs/or will appear in Passport |
| Home Address (as per credit card billing) | City |
| | |
| State Zip Cellphone () Home Tel | ephone E-Mail |
| Airline Reservations: | |
| I would like help with my airline reservations □ | I will make my own airline reservation □ *Please forward a copy of your itinerary once booked* |
| Departing from: | ricase forward a copy of your fillerary office booked |
| 01000 PED DEDGG | O.B.I |
| LAND DEPOSIT AMOUNT IS: \$1000 PER PERSO | <u>JN</u> EFUNDABLE once paid Cancellation made after final payment has been |
| made (8 weeks prior to departure) and prior to date of travel is s | subject to refunds obtained at transportation and hotels discretion in |
| reselling accommodation. Airfares are generally non-refundable | |
| Please check on any individual cancellation policies related to y | our specific trip at time of booking. |
| Travel Insurance is highly re | ecommended - please ask for a quote |
| Please reserve: All rooms will be requested as non- | smoking unless otherwise advised |
| Twin (2) Bed Room □ Single Bed Room □ | |
| Method of Payment: ☐ Visa ☐ MasterCard | ☐ Amex ☐ Check or Money Order |
| Credit Card #:Exp: | Cardholder's Name: |
| if paid by credit card (discount applies to final payment). How I hereby authorize Celtic Journeys to charge the following a | syments to offer you the best price possible. This discount will not appl |
| Card may also be used to issue my airline tickets direct with requested by me. I will be notified of any costs or charges pr | whichever airline has been agreed upon or/and travel insurance if rior to card being charged. |
| Cardholder's Signature | |
| ☐ I/we would like a quote for Travel Insurance for the f | following: |
| Name: | Gender: |
| Name: | Gender: |
| ☐ I/We decline Travel Insurance. Signed: | |
| Emergency contact: | Tel: |
| FOOD ALLERGIES: | |