

TOUR COST (Land Only):

\$1,319 Per Person Sharing
Single Supplement: \$349 Additional
Very limited available

OPTIONAL TRAVEL INSURANCE: (Land Only)
* \$69 Per Person Twin/Double or Single at * \$95

Initial deposit of \$250 per person,
plus insurance if taking to secure a seat

2nd Payment of \$850 p.p.

Due: MAY 31, 2019

FINAL payment Due: AUG. 01, 2019

FOR MORE INFORMATION

Contact: Torey Corcoran
PH: 608-831-4664 ext. 140
EMAIL: torey@middletontravel.com

PAYMENTS TO: CELTIC TOURS
1860 Western Ave, Albany NY 12203
E: Jeanneo@celtictours.com
FAX: 518-862-1820

Please Print

RESERVATION APPLICATION Booking #99127

October 5-12, 2019

Please reserve _____ seat (s) on Middleton Travel's "Heart of Ireland Tour"

Name (as on passport): _____ American Citizen: YES: ___ NO: ___ Gender: M ___ F ___

Please Note: A valid U.S. Passport is required (valid for 6 months beyond date of travel) for travel to Europe.

Passport Number: _____ Date of Birth _____ Passport Exp. Date _____

Address: _____
(street) (city) (state) (zip)

Phone: (home): _____ (cell): _____ Email: _____

(Please indicate if roommate is sending deposit with separate reservation application - YES: ___ NO: ___)

Roommate name (as on passport): _____ American Citizen: YES: ___ NO: ___ Gender: M ___ F ___

Roommate Passport Number: _____ Date of Birth _____ Passport Exp. Date _____

Address: _____
(street) (city) (state) (zip)

Phone: (home): _____ (cell): _____ Email: _____

Room Type: ___ Twin (2 beds) ___ Double (1 bed) ___ Single \$349 Additional & Very Limited available

Note: Please advise here of any special requirements (i.e. dietary, mobility, medical etc.): _____

Taking Optional Travel Insurance? ___ YES ___ NO ___ Please Initial if declining - *\$69 Per Person Sharing or *\$95 Single
(* Note: This price travel insurance covers Land Only, please call to cover airfare once purchased)

Payment of \$ _____ is enclosed. (\$250 per person deposit, plus insurance if taken due to reserve seat).

All Major Credit Cards Accepted: Complete authorization below with your application for **CELTIC TOURS**. I have read the terms and conditions per the flyer and understand that I may incur service charges, penalties and/or cancellation fees in the event of cancellation or change in my itinerary for any reason.

I _____ authorize CELTIC TOURS to charge \$ _____ on my

Credit Card # _____ Exp. Date: _____ **Security Code: _____

** Security Code # is a 3 or 4 digit # located on rear of card, except American Express which is on the front of the card

Signature: _____

Address: _____ City: _____

STATE: _____ Zip Code: _____ **I additionally authorize CELTIC TOURS to charge 2nd payment of \$850 per person on MAY 31, 2019 and my Final Payment on AUGUST 01, 2019.**

By Signing here: _____

I (we) hereby authorize Celtic Tours to initiate a debit to my (our) _____ Checking _____ Savings account (select one) indicated below and

Celtic Tours to debit same to such account: Account #: _____ ABA #* _____

(*Usually the ABA Number is the first 9 digits on the bottom of your check. You may call your financial institution to verify.) Signature of acceptance for Celtic Tours debit to above named account: _____

LAND CANCELLATION POLICIES: From 125-65 days prior to departure \$150 penalty per person. From 64 to 31 days prior to departure, penalty is \$500 per person. Within 30 days of departure, under full penalty, there is no refund. Travel Insurance is available and recommended. Insurance must be purchased at time of initial deposit/reservation.