

# CELTIC JOURNEYS 2022 Private Trip Registration Form

Mail to: Celtic Journeys 275 East 4th Street, Suite 520, St. Paul, MN 55101—Tel 651-291-8003 OR FAX: 651-222-1322

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

## Trip: Herrick Family Association—April 2022

Prefix Full Name (as it appears/or will appear in Passport) \_\_\_\_\_ DOB: \_\_\_\_\_

Prefix Full Name - as it appears/or will appear in Passport (Please fill in the name of the person you are sharing with) \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address (as per credit card billing) \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Home/Other Telephone (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

### Airline Reservations:

I would like help with my airline reservations

I will make my own airline reservations

**Please note we need a copy of your booked itinerary**

### LAND DEPOSIT AMOUNT IS: \$500 PER PERSON

**Custom Trips:** Initial land deposit paid is non-refundable once paid. 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 of card (4 digits on front for Amex)

*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/we would like a quote for Travel Insurance for the following travelers:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

I/We decline Travel Insurance. Signed: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Tel: \_\_\_\_\_

**FOOD ALLERGIES OR SPECIAL REQUIREMENTS:**