

TO JOIN THIS TOUR

Please complete this REGISTRATION FORM and
Follow the instructions for the check or credit card payments:



Booking code/reference: John McGrath's ESPAÑA POR FAVOR Tour		Air Inclusive <input type="checkbox"/> Land Only <input type="checkbox"/>	
IMPORTANT INFORMATION: PLEASE LIST NAME(S) EXACTLY AS PRINTED ON YOUR PASSPORT. 6 MONTH PASSPORT VALIDITY REQUIRED FROM RETURN DATE OF TRAVEL TO THE US E.G RETURN TRAVEL DATE 30th SEPTEMBER 2019/REQUIRED VAILIDITY 30th MARCH 2020			
Last Name:		First & Middle Name:	
D.O.B. e.g. 15 Mar 54:	Day:	Month:	Year:
Passport Number #:	Country of Issue:	Date Issued:	Expiration Date:
2 nd Passenger Last Name:		First & Middle Name:	
D.O.B. e.g. 15 Mar 54:	Day:	Month:	Year:
Passport Number #:	Country of issue:	Date Issued:	Expiration Date:
Room Type: Double (1 bed) <input type="checkbox"/> Twin (2 beds) <input type="checkbox"/> Single Room Single Supplement _____ Travel Insurance _____ per person <input type="checkbox"/> CFAR (Cancel for any Reason) travel insurance upgrade available upon request, for more information please contact Caddie Tours at: niall@caddietoursonline.com			Do you want to purchase Travel Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If double (1 bed) or twin (2 beds) please list roommate:			
Please indicate which form of payment per person : Check <input type="checkbox"/> Credit Card <input type="checkbox"/>			
If paying by Check: Complete this registration form & make check payable to Caddie Tours <input type="checkbox"/> Mail the form along with the check to: Caddie Tours, 1105 Ware St. SW, Vienna, VA 22180 If paying by Credit Card: You will be emailed an invoice from which you can securely make payment online using any credit or debit card.			
Deposits & Payments Schedule per person: 1st DEPOSIT due MONDAY September 9, 2019 2nd DEPOSIT due MONDAY December 8, 2019 FINAL PAYMENT due WEDNESDAY January 8, 2020			
Do you wish Caddie Tours to automatically charge this credit card for the second and final payments on the dates they are due? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you or the 2 nd passenger have any dietary requirements or special requests? (Please state below)	Do you or the 2 nd passenger have a Frequent Flyer Number? (Please State this number below)
Please print contact email address:			
Telephone number & area code:			
Address:			
City:		State:	Zip:
Cancellation Penalties: Deposit: \$300 per person Non-refundable Land: 65 days or longer Forfeit of Deposit Air: 120 days prior to departure air is Non-refundable 64 & 46 days Forfeit 35% Land Price per person 45 & 16 days Forfeit 50% Land Price per person 15 & day of departure 100% Land Price per person			
I understand and agree to the terms and conditions outlined above & have read all terms and conditions found at			
SIGNATURE(s) (X) _____			
Tel: 866-387-6759 • Email: niall@caddietoursonline.com • Web: www.caddietoursonline.com Caddie Tours 1105 Ware St. SW Vienna, VA 22180			