TO JOIN THIS TOUR

Please complete this REGISTRATION FORM and

Follow the instructions for the check or credit card payments:



| Booking code/reference: Scott Kirby and Gabriel Donohue Lucky-Enough Irish tour Air Inclusive 🗌 Land Only 🗌 | | | |
|---|--|---|------------------|
| IMPORTANT INFORMATION: PLEASE LIST NAME(S) EXACTLY AS PRINTED ON YOUR PASSPORT. | | | |
| 6 MONTH PASSPORT VAILIDITY REQUIRED FROM RETURN DATE OF TRAVEL TO THE US E.G RETURN TRAVEL DATE 30 th SEPTEMBER 2020/REQUIRED VAILIDITY 30 th MARCH 2021 | | | |
| | <u>' SEPTEMBER 2020/REQUIRE</u> First & Middle Name: | ED VAILIDITY 30 th MA | RCH 2021 |
| Last Name: D.O.B. e.g. 15 Mar 54: | | Month: | Year: |
| Passport Number #: | ' | Date Issued: | Expiration Date: |
| 2 nd Passenger Last Name: | First & Middle Name: | | |
| | | | |
| D.O.B. e.g. 15 Mar 54: Passport Number #: | 1 | Date Issued: | Year: |
| | Country of issue. | | Expiration Date: |
| Room Type: Double (1 bed) Twin (2 beds) Single Room Single Supplement \$699 Do you want to purchase Travel Insurance \$194-\$242 per person Travel Insurance Travel Insurance? CFAR (Cancel for any Reason) travel insurance upgrade available upon request, for more Yes No information please contact Caddie Tours at: niall@caddietoursonline.com If double (1 bed) or twin (2 beds) please list roommate: If double (1 bed) | | | |
| Please indicate which form of payment per person : Check 🗌 Credit Card 🗌 | | | |
| If paying by Check: Complete this registration form & make check payable to Caddie Tours 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: | | | |
| Deposit of per person is due by January 15, 2020 Final payment due by 3/20/2020 | | | |
| Do you wish Caddie Tours to automatically charge this credit card for the second and final payments on the dates they are due? Yes No | Do you or the 2 nd passenger l dietary requirements or spec requests? (Please state below | or special Frequent Flyer Number? (Please State | |
| 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 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 | | | |