TO JOIN THIS TOUR

Please complete this REGISTRATION FORM and

Follow the instructions for the check or credit card payments:



Booking code/reference:	The Escapa	ades & Shenanigans To	our to Ireland	Air Inclusive	E Land Only	
6 MONTH PAS	SSPORT VAILIDI	ASE LIST NAME(S) EX	RETURN DATE O	F TRAVEL TO TI	HE US	
	RAVEL DATE 30°	MAY 2023 /REQUIRI First & Middle Name:	D VALIDITY 30th	DECEMBER 20	23	
<u>Last Name:</u> D.O.B. e.g. 15 Mar 54:		Day:	Month:	Yea	Year:	
Passport Number #:		Country of Issue:	Date Issu			
2 nd Passenger Last Name:	d Passenger Last Name:					
D.O.B. e.g. 15 Mar 54:		Day:	Month: Year:			
Passport Number #:		Country of issue:	Date Issu			
r asspore warnser n.		Country of 135dc.	Date 1550			
Room Type: Double (1 bed) ☐ Twin (2 beds) ☐ Single Room Single Supplement \$899.00 Travel Insurance \$326 per person ☐				Tra	you want to purchase avel Insurance? Yes No	
If double (1 bed) or twin (2 beds)) please list roon	nmate:		l		
Please indicate which form of pa	yment per perso	on: Check 🔲 Cred	it Card 🔲			
If paying by Check: Complete thi ☐ Mail the form along with Deposits & Payments Schedule ☐ Deposit of \$500 per person is	the check to: Ca	iddie Tours, 1105 Wa				
Final payment due by July 7,	•					
Do you wish Caddie Tours to au charge this credit card for the se payments on the dates they are	econd and final	dietary requirements or special requests? (Please state below) Frequests?		Frequent Flyer	you or the 2 nd passenger have a quent Flyer Number? (Please State s number below)	
Please print contact email addre	ess:					
Telephone number & area code:						
Address:						
City:		State:	Zip:			
Cancellation Penalties: Deposit: Land: 65 days or longer Forfeit o 64 & 46 days Forfeit 35% 45 & 16 days Forfeit 50% 15 & day of departure 10 I understand and agree to	f Deposit 6 Land Price per 6 Land Price per 00% Land Price p	person person per person		·	air is Non-refundable	
SIGNATURE(s)	(X)				_	
Tel: 866-387-6759 •					rsonline.com	
Caddie Tours 1105 Ware St. SW Vienna, VA 22180						