

TO JOIN THIS TOUR

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



Booking code/reference: Pressenda Chamber Players Concert Tour to Ireland		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 VALIDITY 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 \$520 per person Travel Insurance \$319 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			
Deposits & Payments Schedule per person: <input type="checkbox"/> Deposit of \$500 per person is required at time of booking <input type="checkbox"/> Final payment due by June 28, 2019			
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			