TO JOIN THIS TOUR Please complete this REGISTRATION FORM and

Follow the instructions for the check or credit card payments:



Booking code/reference:	Gerry Finlay	Musical Tour to Ireland		Air Inclu	sive 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 2021/REQUIRED VAILIDITY 30 th MARCH 2022					
Last Name: First & Middle Name:					
D.O.B. e.g. 15 Mar 54:		Day:	Month:		Year:
Passport Number #:		Country of Issue:	Date Issu	ied:	Expiration Date:
2 nd Passenger Last Name:		First & Middle Name:	'		•
D.O.B. e.g. 15 Mar 54:		Day:	Month:		Year:
assport Number #:		Country of issue:	Date Issu	ed:	Expiration Date:
Room Type: Double (1 bed) Twin (2 beds) Single Room Single Supplement \$799 Travel Insurance \$233 per person CFAR (Cancel for any Reason) travel insurance upgrade available upon request, for more information please contact Caddie Tours at: niall@caddietoursonline.com If double (1 bed) or twin (2 beds) please list roommate:					
Please indicate which form of payment per person : Check Credit Card C					
If paying by Check: Complete this r Mail the form along with the If paying by Credit Card: You will be especially be paying by Credit Card: You will be especially be paying by Credit Card: You will be especially be paying by Credit Card: You will be especially be paying by Credit Card: You will be especially be paying by Credit Card: You will be especially be paying by Credit Card: You will be especially be paying by Credit Card: You will be especially be paying by Credit Card: You will be especially be paying by Credit Card: You will be especially be paying by Credit Card: You will be especially be paying by Credit Card: You will be especially be paying by Credit Card: You will be especially be especially by Credit Card: You will be especially be especially by Credit Card: You will be especially be especially by Credit Card: You will be especially be especially by Credit Card: You will be especially be especially by Credit Card: You will	e check to: Ca emailed an invoi er person: erson is requir	iddie Tours, 1105 Ware St. ice from which you can securel	SW, Vienna y make paym	a, VA 22180	ing any credit or debit card.
Do you wish Caddie Tours to automatically charge this credit card for the second and final payments on the dates they are due?		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	i:				
Telephone number & area code:					
Address:					
City:		State:			Zip:
Cancellation Penalties: Deposit: \$3 Land: 65 days or longer Forfeit of D 64 & 46 days Forfeit 35% La 45 & 16 days Forfeit 50% La 15 & day of departure 1009 I understand and agree to th	Deposit and Price per and Price per % Land Price p	Air: 1 person person per person	, ,	·	ure air is Non-refundable d 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					