CELTIC JOURNEYS 2024 Escorted Tour Registration Form

Mail to: Celtic Journeys, 413 Wacouta St. Suite 540 St. Paul, MN 55101 OR FAX: 651-222-1322 Tel 651-291-8003 E-mail: Jean@celtic-journeys.com - www.celtic-journeys.com

Scotland & Shetland with Amy Detjen & Heather Black

DATES: 23rd May - 04th June - 2024

	DOB:
(Mr./Mrs./Ms.) Full Name - as it appears/or will appear in your Passport	
	DOB:
(Spouse/Companion/Person sharing with) Full Name - as it appears/or will appear in Pass	sport
Home Address (as per credit card billing)	City
	·
State Zip Cellphone () Home Telephone	E-Mail
Airline Reservations:	
	vn airline reservation
Departing from: *Please forwar FEE: \$50.00 will be charged	rd a copy of your itinerary once booked.
LAND DEPOSIT AMOUNT IS: \$1000 PER PERSON	
Custom Trips: \$1000 of the initial land deposit paid is NON-REFUNDABLE one been made (8 weeks prior to departure) and prior to date of travel is subject to refunds reselling accommodation. Airfares are generally non-refundable, but can be reused at Please check on any individual cancellation policies related to your specific trip at time	obtained at transportation and hotels discretion in a later date (check your specific ticket).
Travel Insurance is highly recommended - p	lease ask for a quote
You need to be fully vaccinated in order to	-
	<u> </u>
<u>Please reserve:</u> All rooms will be requested as non-smoking unless otherw	vise advised
Twin (2) Bed Room □ Single Bed Room □ Double Bed Room □	
Method of Payment: ☐ Visa ☐ MasterCard ☐ Amex	☐ Check or Money Order
Credit Card #:Exp: Cardholde	er's Name:
3 Digit Sec: (on back, 4 digits on the front for American Express) For the land portion a discount is offered based on cheque payments to offer you th if paid by credit card (discount applies to final payment). However credit card can b I hereby authorize Celtic Journeys to charge the following amount to the credit c form constitutes full acceptance of all terms and conditions noted. Total Payme	e used for air and travel insurance. ard noted above. Payment with registration
Card may also be used to issue my airline tickets direct with whichever airline ha requested by me. I will be notified of any costs or charges prior to card being char	
Cardholder's Signature	
☐ I/we would like a quote for Travel Insurance for the following :	
Name: Gender:	
Name: Gender:	
☐ I/We decline Travel Insurance. Signed:	
Emergency contact:Tel:	
FOOD ALLERGIES:	