## CELTIC JOURNEYS 2024 Escorted Tour Registration Form

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

Janine Bajus & Jillian Moreno - Yorkshire - Cumbria and the Lake District Dates: May 07th - May 16th, 2024

				DOB;
(Mr./Mrs./Ms) F	Full Name - as it appears/or wil	l appear in your Passport		
(Spouse/Compan	nion) Full Name of person sha	ring with - as it appears/or v	vill appear in Passport	DOB:
Home Address (a	as per credit card billing)			City
	( )	( )		
State Zip	•	Cell Telephone	E-Mail	
Airline Reserva	ations: p with my airline reservations	: П	I will make my own	airline reservations
I would like help	p with my anime reservations	. ш	Please send me a co	opy of your itinerary once booked.
Departing from			jean@celtic-journeys.com	
A process fee	of \$50.00 will be charged	for booking airline tick	kets	
I AND DEDOC	IT AMOUNT IS: \$1000 ]	DED DEDSON		
			once paid Cancellation	on made after final payment has been
				sportation and hotels discretion in re-
	nodation. Airfares are genera dividual cancellation policies			check your specific ticket). Please
check on any inc	dividual cancenation policies	related to your specific trip	at time of booking.	
		gree to the Covid polic nce is highly recomm		
Please reserve:			•	
	Room □ Single Bed Room	_	I	
Method of Payı	ment: Visa □ MasterC	Card □ Amex □ Check	k or Money Order 🗆	
Credit Card #:		Exp:	Cardholder's Name:_	
3 Digit Sec:	(on back)			
For the land pos	rtion a discount is offered ba			possible. (\$262) This discount will
	d by credit card. (Deposit and and travel insurance. (Discou			is discount) However credit card car
I hereby author	rize Celtic Journeys to char	ge the following amount	to the credit card noted	above. Payment with registration
form constitute	es full acceptance of all term	s and conditions noted . T	Total Payment Amount:	
	be used to issue my airline te. I will be notified of any co			eed upon or/and travel insurance if
Cardholder's Sig	gnature			
	e a quote for Travel Insuran			
Na	ame:	(	Gender:	
	ame:			
	ravel Insurance. Signed:			
Emergency con	ntact:		Tel:	
ALLERGIES	or FOOD CONCERNS:			