



Switchback Tour of Ireland:

Tour cost: \$2408.00 per person sharing
(based on 40 passengers traveling)
Single Supplement Additional: \$414.00 –
limited availability
US Departure Taxes is included & is based on \$99
per person – subject to increase until ticketed
Travel Insurance is included



Deposit & Payment Schedule:

\$200.00 per person **Deposit** is due with reservation
Travel Insurance is included with deposit
2nd Payment of \$800 p.p. due by May 10th, 2005
Seats sold on a first come first serve basis
Final Payment is due by:
July 1st, 2005

Note: AIRFARE in all-inclusive cost is, based on airline tickets being, purchased 120 days prior to departure. Airfares are subject to increase until paid in full. **Air Tickets once purchased are non-refundable (\$600 per ticket) – after May 10th.** In the event of cancellation, a passenger maybe rebooked for a future travel date, subject to a \$60 Itinerary Change Fee, plus any applicable fare increase. **Name Change Fee of \$60 applies for each change.** Air cancellation/change penalties are those known to be in effect at the time/date of this contract. It is understood that these policies may change and that they are not under the control of the tour operator or Switchback. **No deviations from scheduled travel dates are allowed.** Air mileage is not allowed for group space. **Seating assignments for group space are given (by Aer Lingus) at check-in, there are no exceptions for this.** From 120 – 65 days prior to departure, land penalty is: \$500 per person. From 64 – 1 day prior to departure, land penalty is: \$750 per person. On or after day of departure there is no refund. Cancellations must be made in writing to Celtic Tours during business hours: Monday – Friday, 9am – 5pm.



Please Print

RESERVATION APPLICATION

Please reserve _____ seat(s) on the **Switchback Traveling Down an Irish Road Tour: September 18 - 28, 2005**

Name (as on passport): _____

Address: _____

(street) (city) (state) (zip)

Phone: (home): _____ (work): _____ Email: _____

Passenger sharing with: _____

(please indicate if roommate is sending deposit with separate reservation application Yes No)

Name (as on your passport): _____

Address: _____

(street) (city) (state) (zip)

Phone: (home): _____ (work): _____

Payment: \$ _____ is enclosed.

2nd Payment of \$800 p.p. due by May 10th, 2005 (non-refundable)

FINAL PAYMENT IS DUE JULY 1, 2005

Room Type: Twin/Dble Triple Single Supplement \$414.00 – limited availability

Travel Protection Plan is included: YES: NO:

Further Inquiries – Please Contact:

Pat Sasveld at: 708-687-8795 or

Susan with Celtic Tours Group Department at: 800-833-4373

Please make checks payable and send to:

Celtic Tours

1860 Western Ave

Albany NY 12203



MasterCard & Visa Accepted:

I have read the terms and conditions per the brochure/flyer and understand that I may incur service charges, penalties and/or cancellation fees in the event of cancellation or change in my itinerary for any reason. *Trip Insurance is strongly recommended*

I _____ authorize Celtic Tours to charge \$ _____ on
my Credit Card Number: _____ Security Code #: _____ Exp. Date: _____

Signature: _____

Address: _____

City: _____ Zip Code: _____

