

TOUR COST: (Based on a minimum of 20 passengers)

* \$2,109 p.p. sharing Land Only

Single supplement \$530 (limited available)

Travel Insurance \$141 p.p. additional/single rate is 163.00 (non-refundable)
Insurance rates based on estimated air cost of approx. 600.00 pp.

PAYMENT SCHEDULE:

\$400 per person deposit due with reservation, + insurance if taking

2nd deposit of \$900 per person due: October 1, 2018

Final payment is due: November 30, 2018

*** Note: Air taxes and fuel surcharges are included, based on time group air was originally reserved. Air taxes & fuel surcharges are subject to change until group air is ticketed. All groups are ticketed at the same time, & early ticketing is not permitted. A signature is required acknowledging that you have read & accept these terms. A reservation CANNOT be made with out your signature:**

Signature: _____ **Date:** _____

Airfare Note: Airfare is based on airline tickets being purchased by October 1, 2018. Changes in your return date may affect your airfare. Tickets, once purchased are non-refundable with a minimum air penalty of \$TBD per ticket. If names are spelled incorrectly (must be exactly as listed on passport), once air tickets are issued, a name change fee of \$300 applies for each name change. In the event of cancellation, a passenger may not be rebooked for a future travel date. 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. Deviations are not allowed. Air mileage is not allowed for group space. Seat assignments are given at Check In for group space, there are no exceptions. **Land cancellation:** Initial deposit - October 1, 2018, penalty is: \$250 per person. From October 2, 2018 - December 1, 2018, penalty is: \$500 per person. On or after December 2, 2018 there is NO refund. Cancellations must be made during Celtic Tours business hours, Mon - Fri, 9am to 5pm EST. Cancellations made after business hours, there is no refund. Travel Insurance is available & is highly recommended. Travel insurance must be purchased with initial reservation/deposit to cover pre-existing conditions, and is always non-refundable. Celtic Tours & Switchback/Waygood Productions accept no responsibility for losses or expenses due to delay or changes in schedule, flight cancellations due to mechanical problems, sickness, weather, strikes, war, quarantine or other causes. Passenger must bear all such losses or expenses. Switchback/ Waygood Productions, its trustees, employees, & members will not be held responsible for any personal injury, property damage or other loss a passenger incurs on this tour. Celtic Tours & Switchback/Waygood Productions reserve the right to alter the tour itinerary for any reason. Airline tariffs limit liability for passenger baggage. Group organizers/Leaders are not employed as such by Celtic Tours World Vacations or Switchback/Waygood Productions. Group organizers/leaders are independent travel advisors/organizers.

Please Print

RESERVATION APPLICATION

BK # 96984

Please reserve _____ seat (s) on **The Tropical Mystery Tour III to Costa Rica with Switchback - February 9-15, 2019**

NAME (as on passport): _____ **American Citizen:** YES: ___ NO: ___ **Gender:** M ___ F ___

Please Note: A valid U.S. Passport is required (valid for 6 months beyond date of travel). INCLUDE PASSPORT COPY with application. You may still sign up if your passport is pending, we need a passport copy by December 1, 2017.

Sweatshirt Size: _____ **Passport Number:** _____ **Date of Birth** _____ **Exp. Date** _____

Address: _____
(street) (city) (state) (zip)

Phone: (H): _____ **(C):** _____ **Email:** _____

ROOMMATE NAME (as on passport): _____ **U.S. Citizen:** YES: ___ NO: ___ **Gender:** M ___ F ___

(Please indicate if roommate is sending deposit with separate reservation application: YES: ___ NO: ___)

Sweatshirt Size: _____ **Passport Number:** _____ **Date of Birth** _____ **Exp. Date** _____

Address: _____
(street) (city) (state) (zip)

Phone: (H): _____ **(C):** _____ **Email:** _____

Payment of \$ _____ is enclosed. (\$400 per person deposit is due to reserve seat + cost of optional travel insurance)
Room Type: ___ Twin Room (2 Beds) ___ Double Room (1 Bed) ___ Single Room -Supplement (limited availability) – **additional \$530**
Note: Please advise here of any special requirements (i.e. dietary, mobility, medical etc.): _____

OPTIONAL TRAVEL PROTECTION PLAN is recommended:

MUST be purchased with initial deposit & NON-REFUNDABLE

Travel Insurance price is based on the **FINAL TOTAL TRIP COST:**

TOTAL TRIP COST: \$2,000 to \$2,500.....\$117 p.p. ___ YES

TOTAL TRIP COST: \$2,501 to \$3,000.....\$141 p.p. ___ YES

TOTAL TRIP COST: \$3,001 to \$3,500.....\$163 p.p. ___ YES

TOTAL TRIP COST: \$3,501 to \$4,000.....\$190 p.p. ___ YES

If you are NOT taking Travel Insurance please initial _____

OPTIONAL TOURS: (Based on a min. of 10 pax)

Poas Volcano, Doka Coffee Plantation & La Paz Waterfall Gardens Tour:

\$190 p.p. YES: ___ NO: ___

Reventazon River Rafting Trip -or- Aerial Tram Tour:

\$179 p.p. YES: ___ NO: ___

Teleferico (The Rainforest Aerial Tram):

\$185 p.p. YES: ___ NO: ___

Snorkel & Sunset Gold Coast Cruise (snorkeling equipment included)

and Switchback Acoustic Celtic Concert at Sea:

\$223 p.p. YES: ___ NO: ___

(Cruise requires a min. of 20 ppl to operate)

Optional Tours must be requested and paid by final payment November 30, 2018.

Further Inquiries – Please Contact: Jeanne Orenstein at jeanne@celtictours.com 800-833-4373 ext 310 or 518-486-8306

Make checks payable & send to: CELTIC TOURS—1860 Western Ave, Albany NY 12203

All Major Credit Cards Accepted – complete authorization below and scan & email, fax or mail to Celtic Tours (fax to 518-862-0152):

I have read the terms & 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:

I _____ authorize Celtic Tours to charge \$ _____ on my

Credit Card # _____ Exp. Date: _____ Security Code: _____

Signature: _____

Address: _____

City: _____ STATE: _____ Zip Code: _____

By Signing here: _____ I additionally authorize Celtic Tours to charge my 2nd Deposit of \$900 per person due on October 1, 2018 and final payment due on November 30, 2018 to my credit card. * Sec. Code # is a 3 or 4 digit # located on rear of card, except American Express which is on the front of the card**

Debit-Pay by check payments—Complete here: I (we) hereby authorize Celtic Tours to initiate a debit to my (our) _____ Checking _____ Savings account (select one) indicated below and **Celtic Tours** to debit same to such **Account #:** _____

ABA #: _____ (*Usually the ABA # is the first 9 digits on the bottom of check. Call your financial institution to verify.)

Signature of acceptance for Celtic Tours debit to above named account: _____