

TOUR COST: *\$2,979 P. P. sharing

Single Supplement (additional) \$483.

**Includes-Air, Tax, Land (Based on 36 paying passengers)
(Travel Insurance is highly recommended and must be purchased with deposit to cover pre-existing conditions.)
Post Package-\$1019pp/420 single supplement**

PAYMENT SCHEDULE: \$400 per person

Deposit due with reservation (plus travel insurance if taking)

Second Payment of \$1000 p.p. is due: May 24, 2019

FINAL payment is due: AUGUST 5, 2019

*** 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 5/24/19. Changes in your return date may affect your airfare. Tickets, are non-refundable with a minimum air penalty of \$918-per ticket. If names are spelled incorrectly (must be exactly as listed on passport), a name change fee of \$207 applies for each name change. In the event of cancellation, a passenger may not be rebooked for a future travel date. It is understood that these policies may change and that they are not under the control of Celtic Tours 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 - 5/24/19, penalty is: \$250 per person. From 5/25/19 - 8/5/19, penalty is: \$1,200 per person. On or after August 6, 2019 there is no refund. Cancellations must be made during Celtic Tours business hours, Mon - Fri, 9am to 5pm EST. Travel Insurance is available & recommended. Travel insurance must be purchased with initial reservation/deposit, and is 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.

Please Print legibly

RESERVATION APPLICATION

BK # 100001

Please reserve _____ seat (s) on **Traveling Down an Irish Road with Switchback - Oct 5-12/15, 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 May 24, 2019.

Sweatshirt Size (unisex S,M,L,XL, XXL): _____ 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 (unisex S,M,L,XL,XXL): _____ 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 \$483**

Note: Please advise here of any special requirements (i.e. dietary, mobility, medical etc.): _____

OPTIONAL IRELAND TOURS: (Based on a min. of 20 pax)

- Jaunting Cart Ride/Boat tour and concert \$67 pp YES: ___ NO: ___
- Falconry Tour \$114.00 YES: ___ NO: ___
- Switchback Concert and Dinner at Kate Kearney's \$83 pp YES: ___ NO: ___
- 2 hour Horseback Riding \$164 pp YES: ___ NO: ___
- Taylor's Three Rock dinner and concert \$97 pp YES: ___ NO: ___

OPTIONAL ICELAND EXTENSION TRIP (rates based on minimum of 30 passengers):

- \$1019 pp sharing** YES: ___ NO: ___
- Room Type: ___ Twin(2 Beds) ___ Dbl(1 Bed) ___ Single additional \$420
- Northern Lights Tour \$180 pp YES: ___ NO: ___
- Golden Circle Tour-Iceland's Landmarks \$296 pp YES: ___ NO: ___

OPTIONAL TRAVEL PROTECTION PLAN is highly recommended: MUST be purchased with initial deposit & NON-REFUNDABLE

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

TOTAL TRIP COST: \$2,501 to \$3,000.....	\$147 p.p. ___ YES
TOTAL TRIP COST: \$3,001 to \$3,500.....	\$170 p.p. ___ YES
TOTAL TRIP COST: \$3,501 to \$4,000.....	\$198 p.p. ___ YES
TOTAL TRIP COST: \$4,001 to \$4,500.....	\$223 p.p. ___ YES
TOTAL TRIP COST: \$4,501 to \$5,000.....	\$244 p.p. ___ YES
TOTAL TRIP COST: \$5,001 to \$5,500.....	\$260 p.p. ___ YES

If you are NOT taking Travel Insurance please initial _____

Further Inquiries – Please Contact: Jeanne Orenstein 800-833-4373/518-486-8306 or Flora 518-486-8301

E-Mail: florag@celtictours.com OR JeanneO@celtictours.com

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 \$1000 per person due by May 24, 2019 and final payment due by Aug 5, 2019 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 .**

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: Account Number: _____

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

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