

TOUR COST: *\$2,969 P. P. sharing

Single Supplement (additional) \$381.

**Includes-Air, Tax, Land (Based on 40 paying passengers)
(Travel Insurance is highly recommended and must be purchased with deposit to cover pre-existing conditions.)**

Post Tour (based on 20 pax)-\$1008pp/351 single sup. & air

PAYMENT SCHEDULE: \$400 per person

Deposit due with reservation (plus travel insurance if taking)

Second Payment of \$1100 p.p. is due: May 22, 2020

Land price will increase by 300.00 pp on May 8 if not already signed up! And you would no longer be able to use group airfare-priced separately.

FINAL payment is due: July 23, 2020

*** 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 5/22/20. Changes in your return date may affect your airfare. Tickets, are non-refundable with a minimum air penalty of \$1007-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 - 5/22/20, penalty is: \$250 per person. From 5/23/20 - 7/22/20, penalty is: \$900 per person. On or after July 23,2020, 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 # 106122

Please reserve _____ seat (s) on **Take me home to Mayo with Switchback - Sept 26-Oct 4/7, 2020**

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 22, 2020.

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 \$381**

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

Further Inquiries – Please Contact: Jeanne Orenstein (tour questions) 800-833-4373/518-486-8306 or Flora (billing) 518-486-8301

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

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

Westport Dinner and Switchback concert \$84 pp YES: ___ NO: ___

Westport Cruise \$54 pp YES: ___ NO: ___

Full day tour to Sligo, Drumcliffe and Arigna Mines \$40 pp YES: ___ NO: ___

Dublin Horse & Carriage ride with lunch (limited space)\$170 pp YES: ___ NO: ___

Taylor's Three Rock dinner and concert \$76 pp YES: ___ NO: ___

OPTIONAL Bruges EXTENSION TRIP (rates based on minimum of 20 passengers):

Land \$919 pp sharing/Air increase \$89 YES: ___ NO: ___

Room Type: ___ Twin(2 Beds) ___ Dbl(1 Bed) ___ Single additional \$351

Half Day City Tour (based on min 10 pax) \$145 pp YES: ___ NO: ___

Full Day Brussels Trip (based on min 10 pax) \$223 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

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/ach my 2nd Deposit of \$1100 per person due by May 22, 2020 and final payment due by July 23, 2020 to my credit card. * Sec. Code # is a 3 or 4 digit # located on rear of card, except American Express 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: _____