

# TO JOIN THIS TOUR

Please complete this REGISTRATION FORM and  
Follow the instructions for the check or credit card payments:



Booking code/reference:		Andy Cooney's Musical Tour of Ireland		Air Inclusive <input type="checkbox"/>		Land Only <input type="checkbox"/>	
<b>IMPORTANT INFORMATION: PLEASE LIST NAME(S) EXACTLY AS PRINTED ON YOUR PASSPORT. 6 MONTH PASSPORT VALIDITY REQUIRED FROM RETURN DATE OF TRAVEL TO THE US E.G RETURN TRAVEL DATE 30<sup>th</sup> SEPTEMBER 2018/REQUIRED VAILIDITY 30<sup>th</sup> MARCH 2019</b>							
Last Name:		First & Middle Name:					
D.O.B. e.g. 15 Mar 54:		Day:		Month:		Year:	
Passport Number #:		Country of Issue:		Date Issued:		Expiration Date:	
2 <sup>nd</sup> Passenger Last Name:		First & Middle Name:					
D.O.B. e.g. 15 Mar 54:		Day:		Month:		Year:	
Passport Number #:		Country of issue:		Date Issued:		Expiration Date:	
Room Type: Double (1 bed) <input type="checkbox"/> Twin (2 beds) <input type="checkbox"/> Single Room Single Supplement <b>\$599.00</b> Travel Insurance <b>\$199 per person</b> <input type="checkbox"/> <b>CFAR</b> (Cancel for any Reason) travel insurance upgrade available upon request, for more information please contact Caddie Tours at: niall@caddietours.net						Do you want to purchase Travel Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If double (1 bed) or twin (2 beds) please list roommate:							
Please indicate which form of payment <b>per person</b> : Check <input type="checkbox"/> Credit Card <input type="checkbox"/>							
<b>If paying by Check:</b> Complete this registration form & make check payable to Caddie Tours <input type="checkbox"/> Mail the form along with the check to: Caddie Tours, 1105 Ware St. SW, Vienna, VA 22180							
<b>Deposits &amp; Payments Schedule per person:</b> <input type="checkbox"/> Deposit of <b>\$500</b> per person is required at time of booking <input type="checkbox"/> Final payment due by <b>July 27, 2018</b>							
Do you wish Caddie Tours to automatically charge this credit card for the second and final payments on the dates they are due? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you or the 2 <sup>nd</sup> passenger have any dietary requirements or special requests? (Please state below)			Do you or the 2 <sup>nd</sup> passenger have a Frequent Flyer Number? (Please State this number below)		
Please print contact email address:							
Telephone number & area code:							
Address:							
City:		State:				Zip:	
<b>Cancellation Penalties:</b> Deposit: <b>\$300 per person</b> Non-refundable <b>Land:</b> 65 days or longer Forfeit of Deposit <span style="float: right;"><b>Air:</b> 120 days prior to departure air is Non-refundable</span> 64 & 46 days Forfeit 35% Land Price per person 45 & 16 days Forfeit 50% Land Price per person 15 & day of departure 100% Land Price per person							
I understand and agree to the terms and conditions outlined above & have read all terms and conditions found at							
SIGNATURE(s) (X) _____							
Tel: 866-387-6759 • Email: niall@caddietours.net • Web: www.caddietours.net <b>Caddie Tours   1105 Ware St. SW   Vienna, VA 22180</b>							