## CELTIC JOURNEYS 2025 Escorted Tour Registration Form

Mail to: Celtic Journeys 413 Wacouta Street, Suite 250 St. Paul, MN 55101 - Tel 651-291-8003 OR FAX: 651-222-1322 E-mail: Jean@celtic-journeys.com - www.celtic-journeys.com

## Janine Bajus & Jillian Moreno - Scotland & Shetland Dates: Sept 13th - Sept 27th, 2025

			DOB:
(Mr./Mrs./Ms) Full Name - as it appears/or w	vill appear in your Passport		
			DOB:
(Spouse/Companion) Full Name of person sh	naring with - as it appears/or w	ill appear in Passport	
Home Address (as per credit card billing)			City
Home Address (as per credit card bining)			City
State Zip Preferred Telephone	(	E-Mail	
Airline Reservations:	Cen reiephone	E-Man	
I would like help with my airline reservations □		I will make my own airline reservations ☐ Please send me a copy of your itinerary once booked.	
Departing from ———		jean@celtic-journey	s.com
A process fee of \$50.00 will be charge	ed for booking airline tick	ets	
LAND DEPOSIT AMOUNT IS: \$1000 Custom Trips: \$1000 of the initial land dep made (8 weeks prior to departure) and prior selling accommodation. Airfares are gene check on any individual cancellation policies	osit paid is <b>non-refundab</b> to date of travel is subject to rally non-refundable, but can	refunds obtained at transporta be reused at a later date (check	tion and hotels discretion in re-
Travel Insuran	ce is highly recommend	led - please ask for a qu	ote
Please reserve: All rooms will be reque	sted as non-smoking unless o	otherwise advised	
Twin (2) Bed Room ☐ Single Bed Room	n □ Double Bed Room □		
Method of Payment: Visa ☐ Maste	rCard □ Amex □ Check	or Money Order □	
Credit Card #:	Exp:	Cardholder's Name:	
3 Digit Sec: (on back)  **For the land portion a discount is offere not apply if paid by credit card - (Deposit a be used for air and travel insurance. (Disc I hereby authorize Celtic Journeys to ch form constitutes full acceptance of all ter	and Final payment must be p ount does not apply to Air an arge the following amount t	aid by check to receive this dis ad Insurance payments) o the credit card noted above	count) However credit card car
Card may also be used to issue my airling requested by me. I will be notified of any	e tickets direct with whichev costs or charges prior to ca	er airline has been agreed up rd being charged.	on or/and travel insurance if
Cardholder's Signature			
I/we would like a quote for Travel Insur	ance for the following trave	lers: □	
Name:	G	ender:	
Name:	G	ender:	
I/We decline Travel Insurance. Signed:_			□
Emergency contact:		Tel:	
ALLERGIES or FOOD CONCERNS: -			