



Cheryl Sinnott Heintz
 Tipperary Irish Tours
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Scotland & Ireland Tour July 23- August 3, 2019

Gems Of Ireland August 6-17th, 2019

Tipperary Irish Tours Trip Registration Form

| | |
|---|--|
| #1. Passenger Name -as it appears on Passport | |
| Nickname | |
| #2. Passenger Name -as it appears on Passport | |
| Nickname | |
| Address | |
| City State Zip | |
| Passport Number - Passenger #1 | |
| Passport Expiration Date #1 | |
| Passport Number - Passenger #2 | |
| Passport Expiration Date #2 | |
| | *Passport must be valid 6 mos beyond return date |
| Home phone | |
| Cell phone | |
| Email address | |
| Birth Date #1 | |
| Birth Date #2 | |
| Emergency Contact Information | |
| In the event of an Emergency, please designate a contact who will NOT be traveling with you: | |
| Name: | |
| Relationship: | |
| Telephone Number: | |
| Alternate Contact Method: cell, email, or work number | |
| | |
| Circle Tour dates- 7/ 23/19 - 8/ 3/19 or 8/6/19 - 8/17/19 | |
| Are you traveling with group from Erie? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, what is your city of departure? | |
| Whom will you be rooming with? | |
| Room Type | <input type="checkbox"/> 2 Twins <input type="checkbox"/> Double Bed <input type="checkbox"/> Single Bed |
| * Single room accommodations are limited and extra | Please complete both sides of form |

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| How did you hear about Tipperary Irish Tours? | |
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TRAVEL INSURANCE: I HAVE BEEN ADVISED OF THE CANCELLATION PENALTIES FOR MY PURCHASE. I UNDERSTAND THAT TRAVEL INSURANCE MAY PROTECT ME FROM POSSIBLE LOSS OF MONEY DUE TO SUPPLIER BANKRUPTCY, UNEXPECTED TRIP CANCELLATION/INTERRUPTION DUE TO ACCIDENT, SICKNESS OR DEATH, BAGGAGE LOSS, MEDICAL EXPENSES, AND EMERGENCY AIR TRANSPORTATION COSTS.

I UNDERSTAND THAT I MUST PURCHASE TRAVEL INSURANCE IMMEDIATELY WITHIN 14 DAYS OF DEPOSIT TO OBTAIN MAXIMUM COVERAGE.

AT THIS TIME I CHOOSE:

TO PURCHASE THE RECOMMENDED INSURANCE.

TO DECLINE THE RECOMMENDED INSURANCE

| | |
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| Additional Information Required | |
| Do you have any special needs? | 1. Yes / No 2. Yes/No |
| Do you have any diet restrictions? | 1. Yes / No 2. Yes/No |
| Do you have any food allergies? | 1. Yes / No 2. Yes/No |
| If you have answered yes to any of the above, please supply additional information: | |

Please note that not every diet can be provided, and that informing me of your condition does not guarantee the ability to supply your specific dietary needs, especially for diets described as low fat and low cholesterol. Diets such as dairy free, gluten free, vegetarian, vegan, and other specific food allergies can typically be provided.

| | |
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| Special Occasion being celebrated during tour | |
| My special talents are: | |
| My #1 goal in Ireland is to: | |
| | |
| | |

***\$500 Per person non-refundable check must accompany tour registration form due by 11/15/2018**

*** Tour Booking form must also accompany Tour Registration Form**

***Make check's payable to Tipperary Irish Tours**

***Copy of passport must be attached**

*** Travel Insurance must be purchased by final payment date**

Thank you for choosing Tipperary Irish Tours!