

A CALL TO IRELAND

Participant registration and credit card authorization form:

Legal name as it appears on your passport:

_____ Birthdate _____

Roommate _____

I need a roommate: ____ Yes ____ No I need a Single Supplement ____ Yes ____ No

EMAIL: _____

CELL#: _____ HOME: _____

ADDRESS: _____

CREDIT

CARD#: _____ EXP: _____ SEC: _____

I confirm that I agree to the terms and conditions of the cancellation policy. Deposit is refundable up until final payment on Jan. 15, 2016, 50% cancellation penalty from Jan. 16, 2016, through 11 days before departure, 100% penalty at 10 days and less before departure. I agree to authorize CIE TOURS and LET'S TRAVEL to process my payment.

CardholderSignature: _____

This form can be Faxed to: Criquette at 1 928 203 0754 or scanned and emailed to clark@letstravelandcruise.com or mailed to: Let's Travel, 290 Lake Drive, Sedona AZ 86336