

TRAVEL REGISTRATION
TREASURES OF IRELAND
10 Days September 21-30, 2020

Departure City _____

Passenger Names:

Today's Date: _____

Name: (As it appears on Passport) _____ Sex: Male Female
 Preferred Name (Nametag): _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Phone: _____ Cell Phone: _____
 Email: _____ Roommate: _____
 Passport Number _____ Birthdate _____ State of Birth _____
 Passport Issue Date _____ Passport Expiration Date _____ Place of Issue (Authority) _____
 Emergency Contact: _____ Relationship: _____ Phone: _____
 Alternate Phone: _____ **Travel Protection:** Accept Decline

Name: (As it appears on Passport) _____ Sex: Male Female
 Preferred Name (Nametag): _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Phone: _____ Cell Phone: _____
 Email: _____ Roommate: _____
 Passport Number _____ Birthdate _____ State of Birth _____
 Passport Issue Date _____ Passport Expiration Date _____ Place of Issue (Authority) _____
 Emergency Contact: _____ Relationship: _____ Phone: _____
 Alternate Phone: _____ **Travel Protection:** Accept Decline

\$3,898.00 Per Person Double Occupancy From New York
\$698.00 Additional for Single Occupancy (\$4,596.00)

\$4,196.00 Per Person Double Occupancy from Jacksonville, FL
\$698.00 Additional for Single Occupancy (\$4,894.00)

See brochure for airfare from a city near you.

NOTE: This Adobe downloadable Registration form can be downloaded and filled out then saved and printed or emailed. Or, if being filled out from a printed copy, just fill out around the zeros.

See Brochure for Optional Travel Protection Plan

Travel Protection Premium Due before Trip Cancellation Coverage Begins

Price from NY	_____ @ _____	\$ _____
Pre/Post Tour	_____ @ _____	\$ _____
Domestic Airfare	_____ @ _____	\$ _____
SUB-TOTAL DUE	_____	\$ _____
Optional Travel Protection	_____ @ _____	\$ _____
TOTAL DUE		\$ _____

\$300.00 deposit per person due with Registration
 Additional \$1,500.00 Payment Due March 8, 2020
 Full payment is due By June 8, 2020

Check # _____ (Payable to Senior Adult Travel Inc) **DEPOSIT AMOUNT ENCLOSED** \$ _____

By signing below, I/We certify that I have read the "Fine Print" on the brochure, understand its content, and agree to its terms including but not limited to the potential for price increases that may apply before payment in full has been received as set forth in the "Fine Print" and potential price increases after payment in full has been received due to government-imposed taxes and fees.

Signature _____ Signature _____

Mail to: Senior Adult Travel Inc. PO Box 142045, Gainesville FL, 32614

For additional information contact: Jerry Nash 352-727-2268 jerry@senioradulttravel.com

FAITH BASED TOUR HOSTING SERVING THE NORTH FLORIDA AREA

Senior Adult Travel Inc. is registered with the State of Florida as a Seller of Travel, Registration Number ST40596.