

**TRAVEL REGISTRATION**  
**CELTIC TREASURES OF IRELAND**  
**10 Days July 9-18, 2024**

Departure City Airport \_\_\_\_\_

**Passenger Names:**

**Today's Date:** \_\_\_\_\_

**Name:** (As it appears on Passport) \_\_\_\_\_ Sex:  Male  Female  
**Preferred Name (Nametag):** \_\_\_\_\_ Title: \_\_\_\_\_  
**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):** \_\_\_\_\_ Title: \_\_\_\_\_  
**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

**\$4,698.00 Per Person Double Occupancy From New York**

**\$799.00 Additional for Single Occupancy (\$5,497.00)**

**Call for airfare from a city near you.**



**See Brochure for Optional Travel Protection Plan**  
 Travel Protection Premium Due by Final Payment Due  
 Date or by Final Payment.

**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.

\$300.00 deposit per person due with Registration  
 Full payment is due By March 26, 2024

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

**Enjoy Dublin On Your Own**  
**\$799.00 Per Person Double Occupancy**  
**July 18-20 Dublin On Your Own**  
**July 20 Return to USA**

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.