

TOUR RESERVATION FORM

IRELAND 2019

SEPTEMBER 15-28, 2019

Book by April 15, 2019 and Save \$200 per Person

This form must be fully completed by each passenger and returned with a \$350 per person minimum deposit or full payment. Full Payment Deadline is **JUNE 15, 2019**. Please keep a copy of your completed reservation form and the tour terms and conditions for your records. Please make all checks or money orders payable to: **FJ TOURS, LLC**.

PASSENGER INFORMATION

Please CLEARLY PRINT all requested information **EXACTLY** as it appears on your passport.

IMPORTANT: In order to avoid any unnecessary change fees, it is extremely important that all passenger names are entered correctly from the beginning. The information below must be your *legal* name and be a 100% match to the passport being used to travel including middle names or suffixes (e.g., Jr, Sr).

| | | | | | |
|---|---|-------------------------------------|----------------------|---|--|
| Your full name (first/middle/last) as it appears on passport: | | | Nickname: | Date of Birth (mm/dd/yyyy): | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Passport Number: | Expiration Date (mm/dd/yyyy): | Date of Issuance Date (mm/dd/yyyy): | Country of Issuance: | U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address: | | | | | |
| City: | | State: | | ZIP Code: | |
| Phone: () | Mobile: () | | Email: | | |
| Emergency Contact: | Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Home: () | | | Relationship: | |

(All correspondence related to the reservation will be mailed to the above address.)

ACCOMMODATIONS/AIRLINE SEATING

Single Room, cost as per tour brochure (**limited availability**)

Double Room with Twin Beds (Double Bed, subject to availability);

Rooming With: Check if address is the same as Passenger #1 I request a roommate

First: _____ Middle: _____ Last: _____ Suffix: _____

Air Seat Request: Aisle Window Next To Traveling Companion

OPTIONS

Group Travel Protection Plan, cost as per enclosed travel protection flyer/application (may be purchased up to time of final payment):

Yes, I wish to purchase the travel protection plan. Please complete and return the enclosed application. No, I decline

PAYMENTS

PLEASE MAKE CHECKS PAYABLE TO: FJ TOURS, LLC Check/Money Order Credit Card (please complete credit card authorization form)

Deposit Amount: \$ _____ Travel Protection Plan Amount: \$ _____ Total Amount Enclosed: \$ _____

I have received a copy of and I understand and accept the cancellation policy, tour terms and conditions. I am aware that a travel protection plan is suggested; and understand the details of the tour as stated in the tour brochure and itinerary and agree to be bound thereby. If I have declined the travel protection plan, I understand that I am assuming any financial loss with my tour arrangements which otherwise may have been covered by the travel protection plan.

Important Conditions: Your price is subject to increase prior to the time you make full payment. Your price is not subject to increase after you make full payment, except for charges resulting from increases in government-imposed taxes and fees or airline fuel surcharges and fees.

SIGNATURE REQUIRED for acceptance of the above conditions. If under 18, a parent or guardian must sign: _____ Date: _____



Please mail tour payment, completed tour reservation form, travel protection application and passport copy to:

Attn: IRELAND 2019, ORTV/WJMJ, 15 Peach Orchard Rd, Prospect, CT 06712-1052

Group #2019001026



FJ TOURS
TAKING TIME TOGETHER

Credit Card Payment Authorization Form

Please complete, sign and return this form via fax 203.916.5800, email info@fj-tours.com or mail to the address below.

Credit Cardholder Name: _____

Cardholder Billing Address: _____

City, State, ZIP: _____ Cardholder Phone: (____) _____

Passenger Name(s):

#1: _____ #3: _____

#2: _____ #4: _____

Pilgrimage/Tour Name: _____

Authorized Amount to be Charged to this Credit Card: \$

American Express Discover Card MasterCard Visa

Last 4 Digits **ONLY** of Credit Card Number:

FOR YOUR SECURITY PLEASE ONLY INCLUDE THE LAST 4 DIGITS OF YOUR CREDIT CARD NUMBER. UPON RECEIPT WE WILL CALL YOU TO CONFIRM AND OBTAIN THE COMPLETE CREDIT CARD NUMBER FOR PROCESSING.

Expiration Date: _____ *CID: _____ *Credit card security number.

SIGNATURE REQUIRED for acceptance of the below conditions and agreement to credit card use:

_____ Date: _____

I authorize FJ Tours, LLC to charge this credit card in the amount authorized above and I agree to pay according to the card issuer agreement. I acknowledge that I have received a copy of and understand and accept the cancellation policy, terms and conditions.