## Celtic Christianity Study Tour

## May 29 – June 9, 2017

Tour Leader: Dr. David Sherbino

Tour Price: \$3595 + \$595 tax per person based on double occupancy

Organized by: Verstraete Travel and Cruises

## Enter your COMPLETE NAME (please enclose a copy of the photo page of your passport)

(Circle one)				
(circle offe)	Last Name:	First:	Middle:	Date of Birth (Day/Month/Year)
2 Mr / Mrs / Ms				
(Circle one)	Last Name:	First:	Middle:	Date of Birth (Day/Month/Year)
Address:				Apt. #
Town		Province		Postal Code
Home Phone		Cell Phone		E-mail
Room Prefer	ence: 🗖 Twin	☐ Double		
☐ I would lik	ke to book one of tl	ne <b>limited single rooms</b> a	t an additional cost of <b>\$</b>	895.00
		ne limited single rooms a	t an additional cost of \$	895.00
	Travel Informat		t an additional cost of \$  Passenger ② Diet:	895.00
Airline and	Travel Informat			895.00
Airline and Passenger   Medical Info	Travel Informat	tion: (special needs)	Passenger ② Diet:	8895.00
Airline and Passenger   Medical Info	Travel Information:	tion: (special needs)	Passenger ② Diet:	8895.00

## Insurance:

In order to cover yourself against cancellation and/or hospital /medical costs we strongly recommend that you chose to purchase either all-inclusive or non-medical insurance for this trip.

**All-Inclusive Insurance** - includes Out of Country Medical, Travel Cancellation and Trip Interruption, Travel Accident, Baggage and Personal effects insurance.

Non-Medical Insurance - same as above except there is NO Out of Country Medical Insurance.

Booking	Insurance Type	All-Inclusive	Non-Medical	With Single Supplement, All-Inclusive	With Single Supplement, Non-Medical
of B	0 – 59 years	\$320.00	\$285.00	\$360.00	\$325.00
Time o	60 – 64 years	\$390.00	\$325.00	\$440.00	\$375.00
	65 – 69 years	\$480.00	\$360.00	\$540.00	\$415.00
at	70 – 74 years	\$645.00	\$410.00	\$715.00	\$480.00
Age	75 – 79 years	\$815.00	\$595.00	\$905.00	\$680.00
•	80 – 84 years	\$1,060.00	\$760.00	\$1,180.00	\$875.00

The insurance premium is non-refundable as soon as payment has been received.

Application Date: \_\_\_\_\_\_

If you have any travel in	surance through your Credit	: Card Company or	elsewh	ere, ple	ase make	e sure that you hav	e sufficient covera	ge
I, the undersigned, ho	ourchase the offered insurve refused the purchase of and Cruises responsible for	of insurance offe	red by	Verstra	ete Tra	vel and Cruises ar	•	
	Signature					Date		_
Deposit Information	tion :		# of passe	engers				
	Tour deposit	\$900.0	0 x		=		<del></del>	
	Insurance passenger <b>①</b>	\$	_ x	1	=		<del></del>	
	Insurance passenger 2	\$	_ x	1	=			
			Total I	Deposi	t:	\$	_	
Payment by: Cheq	ue 🛘 Payable to Verstr	aete Travel & C	Cruises	Cred	dit Card	☐ Fill out infor	mation below	
Type of Card	Card Number	nber Expiry Date		Name as it Appears on the Card				
\$ Amount of Deposit	<u> </u>			Signat	ture			
Deposit:	<b>\$900 per person</b> deposit at the time of booking <b>plus</b> your insurance payment and credit card fee if applicable.							
Balance due:	March 15, 2017							
All "General Terms	and Conditions" as stat	ed on the "Celi	tic Chri	stianit	ty Study	/ Tour" brochur	e apply.	

Mail booking form and deposit to: *Verstraete Travel & Cruises,* 300 – 14845 Yonge Street, Aurora, ON L4G 6H8 Phone: 416-969-8100 1-800-565-9267 or fax 905-727-8113, email: aurora@verstraete.com

Signature: \_\_\_\_\_\_