



Cross Continental Travel

Celebrate St. Patrick's Day 2012 in Ireland

Personal Data

Legal Name
(as it appears on your Passport)

> _____

Mailing Address

> _____

City, State Zip

> _____

Home Telephone: > _____

Email: > _____

Male Female

Are you a US citizen?: Yes No

Date of Birth: (MM/DD/YY): > _____

Passport #

> _____

Country of Issue:

> _____

Spouse or roommate's name
(as it appears on their Passport)

> _____

Roommate's Mailing Address

> _____

Roommate's City, State Zip

> _____

Roommate's
Home Telephone: > _____

Roommate's
Email: > _____

Male Female

Are you a US citizen?: Yes No

Date of Birth: (MM/DD/YY): > _____

Passport #

> _____

Country of Issue:

> _____

Emergency Contact Person (Not traveling with you)

Your Contact Name:

> _____

Relationship to you:

> _____

Address:

> _____

City, State Zip:

> _____

Home Telephone:

> _____

Work Telephone:

> _____

Roommate's Contact Name: (if different from yours)

> _____

Relationship to roommate:

> _____

Address:

> _____

City, State Zip:

> _____

Home Telephone:

> _____

Work Telephone:

> _____

Travel Data

Accommodations: ___ Twin ___ Double ___ Single

Trip Participation Fee of \$2,299.00 per person (double occupancy) includes: round-trip airfare Denver to Ireland, breakfast daily, bus transfers, guide, eight listed attractions, and hotels. Participation fee based upon 30 participants and is subject to fluctuation in currency. A Single will incur additional charges, inquire.

Initial Trip Cost: \$2299

Other Costs
(i.e. single room occupancy \$245) > _____

Total: > _____

Payment

Make all checks payable to **Cross-Continental Travel** and mail to:

Donna Frazer-Palmer/Cross-Continental Travel
34 Wright Court
Lakewood, CO 80228

OR

Payment via Mastercard / Visa or PayPal (a 3% fee will be added)

Payment Timetable:

\$500.00 deposit due December 31, 2011

Final Payment of \$1799.00 due February 1, 2012

call or email donna@crosscontinentaltravel.com

Release and Agreement

Don't forget to "sign" and submit your application.

By submitting this application you agree that you have read and fully understand the "[Release and Agreement](#)" and the "Booking Conditions" as supplied herewith, and agree to be bound hereby, and to comply therewith.

Signature _____

Date _____

For information call (303) 988-5304 | cell (303) 519-9119 | fax (303) 825-1468 or email donna@crosscontinentaltravel.com.

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