

EMBRY HILLS UNITED METHODIST CHURCH

“Traditional Ireland”, Tour Code 8519-9/2012

September 21 – 28, 2012

ENROLLMENT FORM

FULL NAME (*Exactly as it appears on passport*) _____

DATE OF BIRTH (*month/day/year*) _____ (Male ____/ Female ____)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

PASSPORT NUMBER: _____ DATE OF ISSUE: _____

ROOMMATE PREFERENCE: _____

SINGLE ROOM? (Additional charge: \$395) _____

_____ I will be using the complete package (Land, air, transfers, etc.)

Seating preference on plane _____ Special dietary needs _____

_____ I will be making my own air arrangements and will need a “Land Only” package. *You must provide your own transfers to and from the airport. Please list your flight details below*

ARRIVING FLIGHT _____ Arrival Time in Dublin: _____

RETURN FLIGHT _____ Departure Time from Dublin: _____

SINGER _____ NON-SINGER _____

PETER’S WAY TRAVEL INSURANCE: ____ YES ____ NO

(See terms and conditions section of brochure for rate information)

EMERGENCY CONTACT IN U.S.: NAME _____

ADDRESS _____

PHONE NUMBERS _____

ANY PERTINENT MEDICATIONS OR HEALTH ISSUES WE SHOULD KNOW ABOUT IN THE EVENT OF AN EMERGENCY? _____

I accept all terms and conditions as noted in this brochure.

SIGNATURE _____

Please make checks payable to: Peter’s Way Tours. \$350 pp deposit required by March 15th. Balance due by June 11th. Please return this completed form with your check AND a copy of your passport (opening page) to Rbett Barnwell