



# Amazing Irish Tours, LLC

Requested Tour Beginning Date \_\_\_\_\_

\*All information must be completed

	TRAVELER # 1	TRAVELER # 2
<b>Name:</b>		
<b>Gender:</b>	Male      Female	Male      Female
<b>Date of Birth:</b>		
<b>Citizen of:</b>		
<b>Physical Address:</b> <small>No P.O. Box</small>		
<b>City, State, Zip:</b>		
<b>Phone# / Cell#:</b>	/	/
<b>Email Address:</b>		
<b>Travel Insurance</b>	Yes      No	Yes      No
<b>Frequent Flyer #:</b>		
<b>PASSPORT INFORMATION</b>		
Non-U.S. Citizens are responsible for researching and securing travel visa's for all countries visited.		
<b>Name on Passport:</b>		
<b>Passport Number:</b>		
<b>Date of issue:</b>		
<b>Date of expiration:</b>		
<b>City of Issuance:</b>		
<b>State of Issuance:</b>		
<b>EMERGENCY CONTACT</b>		
<b>Name:</b>		
<b>Relation:</b>		
<b>Phone:</b>		
<b>Email:</b>		

Indicate the name of your travel companion who will be making separate reservations: \_\_\_\_\_

- Space will not be held until their reservation and deposit are received.
- Travelers making a reservation in a double or twin room will be charged the single supplement if their roommate fails to make a reservation.

<b>Signatures:</b>		
<b>Date:</b>		