

Celtic Christianity Tour

- CWCC22: April 21-May 7, 2022
land & est. air from:
 - Minneapolis OR Columbus
- Single Supplement • \$925

Passenger Information (1st Traveler)

Please record information **exactly as it appears on your passport**. Passport information may be sent later if you have yet to obtain a passport. *Best practice is to include a copy of the photo page of your passport.*

Legal Name: _____

(Name for name badge): _____

Passport #: _____

Passport Exp. Date: _____

Passport Authority: _____

Date of Birth: _____

Place of Birth: _____

Gender: (required by airline) Male Female

Dietary Needs: _____

Passenger Information (2nd Traveler)

Please record information **exactly as it appears on your passport**. Passport information may be sent later if you have yet to obtain a passport. *Best practice is to include a copy of the photo page of your passport.*

Legal Name: _____

(Name for name badge): _____

Passport #: _____

Passport Exp. Date: _____

Passport Authority: _____

Date of Birth: _____

Place of Birth: _____

Gender: (required by airline) Male Female

Dietary Needs: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Work phone/cell: _____ E-mail: _____

Emergency Contact Name: _____ Phone: _____

Sleeping Preference (circle one): Double bed Twin Beds

Roommate name: _____ OR Single supplement: Yes No

Travel Insurance (please check one)

Price is 7.2% of tour cost

- I wish to purchase Travel Guard insurance and have included the premium with my deposit.
- I wish to decline the travel insurance offered through Travel Guard.

Deposit Payment Information (please check one)

- Enclosed is my \$ _____ deposit and insurance premium (if applicable). *Make check payable to Ed-Ventures, Inc.*
- Please charge \$ _____ deposit and insurance premium (if applicable) to my Discover/MasterCard/Visa.

Credit Card Number: _____ Exp. Date: _____

Card ID Code:* _____ *last 3 digits in signature box on the back of the card
If calling in your number, please provide the last 4 digits of your card number, and sign that we have permission to run it.

_____ Initial to acknowledge you understand that Federal law prohibits the carriage of certain hazardous materials in your luggage or on your person aboard aircraft and could result in a fine or imprisonment. Visit www.tsa.gov for more information.

Prices in this brochure were effective on 2.24.21. By signing below, I understand that price changes are possible at the time of final invoicing, due to exchange rates, an increase in carrier charges, fuel costs, taxes and tariffs, and the number of passengers traveling in the group. I agree to the terms and conditions of this tour.

Signature of 1st traveler: _____ Date: _____

Signature of 2nd traveler: _____ Date: _____



Ed-Ventures, inc.
320 Elton Hills Drive NW, Rochester MN 55901
(507) 289-3332 • (800) 658-7128 • Fax: (507) 281-9747
www.ed-ventures.com



2.24.21 land & est. air