

# REGISTRATION FORM

## CREDIT CARD AUTHORIZATION FORM

**DELBERT & HALEY'S IRELAND PUB TOUR JULY 19 - 27, 2015**  
**ARRIVE SNN (7/20/25) & DEPART SHANNON AIRPORT (7/27/15)**

NAME: \_\_\_\_\_

**NAME AS IT APPEARS ON YOUR PASSPORT**

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ (REQUIRED BY AIRLINE) PASSPORT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**FLIGHT INFORMATION:**

ARRIVING ON \_\_\_\_\_ AT \_\_\_\_\_ ON \_\_\_\_\_ FLT# \_\_\_\_\_  
**DAY DATE TIME AIRLINE FLIGHT #**

DEPARTING \_\_\_\_\_ AT \_\_\_\_\_ ON \_\_\_\_\_ FLT# \_\_\_\_\_  
**DAY DATE TIME AIRLINE FLIGHT #**

ROOMING WITH: \_\_\_\_\_ SINGLE ROOM? \_\_\_\_\_ (ADD. COST)

TRAVEL INSURANCE (\$189.00) YES \_\_\_\_\_ NO \_\_\_\_\_ ANY SPECIAL REQUIREMENTS? \_\_\_\_\_

### AUTHORIZATION FOR CREDIT CARD USE

*CREDIT CARD CAN BE USED 1 TIME TO PAY-IN-FULL ONLY. **ADD 3% SERVICE CHARGE***

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ American Express

Account Number:

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Expiration date: \_\_\_/\_\_\_ CVV \_\_\_\_\_ (Code)

Name on Credit Card

Billing Address

City

State

Zip

Signature

Date

**HARMONY**



**TravelPartners.com**

**PLEASE SEND REGISTRATION FORM & DEPOSIT**

**of \$250.00, plus \$189.00 for Travel Insurance, if desired to:**

**TLC Tours, 142 Winthrop Street, Medway, MA 02053**

**e: Leo@TLCTours.com | w:TLCTours.com | 888-609-2930**

*(Travel Insurance must be purchased at time of initial deposit)*

*Checks should be made payable to "TLC Tours".*