Tour to Ireland Deposit Form

Please reserve a place/_____places for the Tour to Ireland (May 3rd – May 13th, 2025)

I enclose a $500 per person deposit, which is not refundable should I cancel after 1st of Jan 2025 -unless a replacement can be found from the waiting list.

Name 1_____Date of Birth___/___/____
Name 2_____Date of Birth___/___/____
Address_____
_____
_____
Telephone number : ( )_____-_____
E-Mail address :_____
Passport No._____

Please check one of the following :
____We will share a room
____I would like to be allocated a roommate
____I would like to reserve a single room ($850 additional fee)

Are there any allergies, phobias, medical conditions or dietary needs we should be aware of?
_____
I enclose a check/money order for $_____for_____person/s (Payable to The Irish Outreach Center
or
*Please charge $_____to my credit card. Name on card_____
Visa/Mastercard No_____
Exp. Date_____ CVV:____ Billing Zip Code:_____
*(please be aware that a 4% processing fee will be added if paying by credit card)

Please mail payment to : The Irish Outreach Center , 2725 Congress Street, 2G, SD, CA 92110