



2016 Irish Legacy & Castle Getaway
8 days / 7 nights
June 5 - June 13, 2016

REGISTRATION FORM

ONE REGISTRATION FORM PER ROOM – CHECK APPROPRIATE BOXES

Please Print Full Legal Name as on PASSPORT - Attach a copy of passport ☐ Passport In Process

Passenger 1. (Last) _____ **(Middle)** _____ **(First)** _____
Passport #: _____ Issue Date: _____ Exp. Date: _____
Place of Issue: _____ Date of Birth: _____ Nationality: _____
Special Medical Requirements: _____ Allergies: _____
Special Dietary Requirements: _____
Emergency Contact: Name _____ Relation: _____ Phone: _____

Rooming Options: ☐ 1 Bed ☐ 2 Beds ☐ Single – Supplement \$646 ☐ I would like a roommate

Passenger 2. (Last) _____ **(Middle)** _____ **(First)** _____
Passport #: _____ Issue Date: _____ Exp. Date: _____
Place of Issue: _____ Date of Birth: _____ Nationality: _____
Special Medical Requirements: _____ Allergies: _____
Special Dietary Requirements: _____
Emergency Contact: Name _____ Relation: _____ Phone: _____

PASSENGER 1. Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Fax: _____ E-mail: _____

PASSENGER 2. ☐ Address is same as Passenger 1

Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Fax: _____ E-mail: _____

Attn: Agent Sarah, sarah@highplainstravel.com

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Please check appropriate box: ☐ Check Enclosed ☐ Credit Card Authorization on back
Fill out the reverse.