

Tour: Best of Ireland
Group Name: GDP TOURS

Departure Date: Oct 4, 2023
Group Number: 1104185



For Reservations Contact: Lily Moore
GDP Tours
406-256-1492
lily@gdptours.com

IMPORTANT: Please print your name EXACTLY as it appears on your passport. We require a copy of your passport within two (2) weeks of making your reservation. Name corrections, after final payment due date or after tickets have been issued, will result in additional fees being assessed. Please note that Mayflower requires proof of vaccination against COVID-19, travelers must be fully vaccinated a minimum of 14 days prior to departure.

YOUR INFORMATION

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr)

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email Address: _____

Passport Number: _____ Date of Issue: _____ Date of Expiration: _____

Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: Male Female

Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

ROOMING WITH

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr)

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email Address: _____

Passport Number: _____ Date of Issue: _____ Date of Expiration: _____

Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: Male Female

Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

Please advise your departure airport for this tour: _____ Mayflower Air Writing Own Air

PAYMENT INFORMATION

Make Checks Payable To: GDP TOURS
Mail Deposit To: GDP Tours
2501 MONTANA AVE # 17
BILLINGS, MT 59101
Mail Final Payment To: Same as above

Visa & MC accepted
Credit Card #: _____
Security Code: _____ Exp. Date: _____
Cardholder Name & Billing Address: _____

Single Twin Guaranteed Share
 One Bed Two Beds

Purchasing Travelers Protection Plan:
 Yes No

Deposit Amount: \$ 200.00
Travel Protection Plan: \$ 299.00
Total Amount Enclosed: \$ _____
Final Payment Due By: 7/06/2023