

\$250 Deposit for each person traveling. Last sign-up date 8/20/2025 (if space available). Paid in full due on/before 9/24/2025



Trip Protection Insurance (\$239) is highly recommended. If including check(s) please make payable to: C.I.E Tours

C-I-E TOURS

GROUP PASSENGER BOOKING FORM

Group # 615751
Group Name Healy Group
Agency Name Healys Irish Program

Agent's Name Don Healy / Brian Mannix
Agent's Phone Don: 413-427-8142 Brian: 413-589-9654
Agent's Email healysirish@aol.com

PASSENGER 1:

Full name of passenger (must match passport) _____

Nationality _____ Date of Birth _____ / _____ / _____ Gender: M F Other

I would like to book my flights with CIE Tours: Yes No

Trip Protection Insurance (optional) \$239 per person

Type of Room: 1 BED 2 BEDS My roommate and I prefer to have our own separate reservation number: Yes No

Street Address _____ Payment is enclosed for Optional Trip Protection Insurance. \$ _____

City/State/Zip _____ I am enclosing a deposit check for \$ _____

Daytime Phone _____ I am paying via credit card. Please charge \$ _____

Evening Phone _____ Visa Mastercard American Express Discover

Email _____ Name on Card _____

Emergency Contact _____ Card Number _____

Emergency Contact Phone _____ Expiration Date _____ / _____ Security Code _____

Is this a single reservation? Yes No NOTE: If this is a single, leave Passenger 2 section blank.

PLEASE NOTE: Single Reservation Supplement: \$469.00

PASSENGER 2: Same address as Passenger 1? Yes No Same credit card information as Passenger 1? Yes No

Full name of passenger (must match passport) _____

Nationality _____ Date of Birth _____ / _____ / _____ Gender: M F Other

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Emergency Contact Phone _____ Expiration Date _____ / _____ Security Code _____

Mail this form (completed) to: Healys Irish Program, PO Box 981, Chicopee, MA 01021
If sending check(s), please make payable to "C.I.E. Tours"