

Tour: HEART OF IRELAND

Departure Date **Sept. 6-15, 2026**

Group Name: Travelworld

Group Number: _____

GLOBUS TOURS

For Reservations Contact: Travelworld

Today's Date: _____

Sharon Mattson

(813) 978-0877

sharon@travelworld1.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.

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: _____ ~ Globus Air or ~ Doing Own Air *(circle one)

PAYMENT INFORMATION

Mail Deposit To: Travelworld

4905 W State Street

Tampa, FL 33609

Mail Final Payment To: SAME AS ABOVE

MC, VISA & DISC accepted

Credit Card #: _____

Security Code: _____ Exp. Date: _____

Cardholder Name & Billing Address: _____

☐ Single ☐ Twin
☐ One Bed ☐ Two Beds

Purchasing Travelers Protection Plan:
☐ Yes ☐ No

Deposit Amount: \$ 250.00 per person

Travel Protection Plan: \$ _____

Total Amount Enclosed: \$ _____

Final Payment Due By: **July 1, 2026**