

Celtic Quest 2020 Dublin Registration— 11-17 October (7 nights)

Your Name: _____ Roommate name or Assign me one: _____

Street Address or P.O. Box: _____

City, State, Postal Code, Country: _____

Telephone No.: _____

E-mail (necessary for communication): _____

TRIP COSTS FOR RESEARCHERS

____ Researcher (per person/double occupancy)	US\$ 1,950	_____
____ Researcher (per person/single occupancy)	US\$ 2,450	_____

TRIP COSTS FOR NON-RESEARCHING COMPANIONS

____ Companion (per person/double occupancy)	US\$ 1,200	_____
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Additional Nights at Buswells

Request Dates ASAP if needed, limited availability

____ Per person/double occupancy/night) Qty ____ nts X US\$ TBD = _____

Circle Dates Sun. 18 Oct

____ Per person/single occupancy/night) Qty ____ nts X US\$ TBD = _____

Circle Dates: Sun. 18 Oct

REGISTRATION DEPOSIT (\$500 PER PERSON REQUIRED)

- _____

EARLY-BIRD DISCOUNT (for Researchers Only)

Registrations must be postmarked by 31 March 2020)

US\$ 100 discount

- _____

BALANCE DUE

Mail to:

Celtic Quest, LLC
4004 Vendome Drive
Auburn Hills, MI
48326-1866

Sign up online at:

<http://www.celticquest.net>

For more information:

dick.celticquest@gmail.com

First payment of \$500 is due upon registration. If Early-Bird Discount applies, the \$100 comes off the balance, not the deposit. For additional payment dates, see payment schedule.



Method of Payment

____ Check / Money Order—Preferred (Canada: Payable in U.S. Dollars on U.S. Bank to Celtic Quest, LLC)
____ Credit Card via PayPal (online only through www.celticquest.net)

Please Check if applicable:

[] I have a visual, hearing, or other physical impairment.

If you cancel your trip on or before 30 June 2020, all monies paid will be refunded that exceed \$500. After 30 Jun and before 1 September 2020, all monies paid will be refunded that exceed 1/2 of the cost. On or after 1 September 2020, no monies will be refunded. A **MINIMUM OF 8 RESEARCHERS** is needed or the trip will be cancelled and all monies will be refunded. **ONLY THE FIRST 15 RESEARCHERS (WITH PAID DEPOSIT) WILL BE ACCEPTED!**

WAIVER AND ASSUMPTION OF RISK

The undersigned, _____, voluntarily makes and grants this Waiver and Assumption of Risk in favor of Celtic Quest, LLC, its principals and officers (collectively "Celtic Quest, LLC"), as partial consideration for the opportunity to engage in certain activities, events, and/or gatherings sponsored by Celtic Quest, LLC. I do hereby waive and release any and all claims whether in contract or of personal injury, bodily injury, property damage, damages, losses and/or death that may arise from the aforementioned.

I understand and recognize that there are certain risks, dangers, and perils connected with such activity, which I hereby acknowledge. I fully understand, and which I nevertheless accept, assume, and undertake. I further agree to use my best judgment in undertaking these activities and to faithfully adhere to all safety instructions and recommendations, whether oral or written. I hereby certify that I am a competent adult assuming these risks of my own free will, being under no compulsion or duress. This Waiver and Assumption of Risk is effective from 11 October to 17 October 2020, inclusive, and may not be revoked, altered, amended, rescinded, or voided without the express prior written consent of Celtic Quest, LLC.

Signature _____

Date _____

Emergency Contact: _____
