



## FAMTASTIC TOUR OF ITALY

November 27-December 3, 2023



Join us this November on a FAMtastic trip to Italy. Arriving in Italy on November 27th, we hit the ground running with a walking tour of Rome, staying in this historic city for 1-night, then onto the Villa Casagrande for a 5-night stay with exceptional touring and a English-speaking tour escort throughout! This is an excellent opportunity to enjoy Italy!!

Please note, this tour is available to accredited travel agents + one companion (2 agents per office allowed).

### TOUR HIGHLIGHTS

- Six nights accommodations; 1 Rome / 5 Villa
- Breakfast daily, except day of arrival
- Welcome Tuscan Feast at the Villa
- English-speaking Tour Escort throughout
- Hosted by two Celtic Tour Representatives
- See Rome, Sienna & San Gimignano
- See the Vatican, Trevi Fountain & Enjoy wine tasting



**Land Cost**  
**\$1069 pp**  
 Sharing twin/dbl rm  
 \*Single Supp \$292

\*Single rooms are extremely limited and sold on first come first serve basis. If sold out when you application is received, we will advise before holding your spot.

Please scan the QR code here to view full details and download the application.

Send in your application via email  
 EMAIL: [info@celtictours.com](mailto:info@celtictours.com)  
 Have questions, please call  
 P: 800-833-4373



# 6 NT FAM TOUR OF ITALY

Presented by Celtic Tours

**Land ONLY per person sharing: \$1069** (Single room supp \$292-limited to 3 rooms)

**TOUR IS NON-REFUNDABLE/NON-CHANGEABLE ONCE PAYMENT IS PROCESSED.**

**Please complete & fax or email this application to Celtic Tours. A copy of IATAN/CLIA is REQUIRED.**

**Space is limited and is available to those on a first come first serve basis.**

**TRAVEL AGENTS & One Companion - Limited to 2 per agency. No companions allowed.**

**35 passengers minimum required at this price. We will advise you when this tour has guaranteed.**

When booking your air, please be available for departure from Rome Airport by 9:00AM on Nov 27

Tour ends at Florence Airport on Dec 03 with an early morning departure (time tba with final documents).

**Departure Info:** Dep. City: \_\_\_\_\_ (Nov 26, 2023) Airline/Flt # \_\_\_\_\_ Arr. FCO APT (Nov 27, 2027) At: \_\_\_\_\_

**Return Info:** Dep. Florence Airport: (Dec 03, 2023) Airline/Flt # \_\_\_\_\_ Dep. Time: \_\_\_\_\_

Travel Insurance is recommended for all passengers.

**RESERVATION APPLICATION** - Please reserve \_\_\_ seat (s) on the "6 Nt FAM TOUR of Italy" Nov 27-Dec 03, 2023

**Name (as on passport):** \_\_\_\_\_ PASSPORT # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ Iata / Clia / Arc / True #: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
(street) (city) (state) (zip)

**DOB:** \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate if roommate is sending deposit on separate form:  Yes: Name \_\_\_\_\_  No - (Info below)

Agent Sharing (as on passport): \_\_\_\_\_ PASSPORT # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ Iata / Clia / Arc / True #: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
(street) (city) (state) (zip)

**DOB:** \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Email: \_\_\_\_\_

**ROOM TYPE:**  Twin (2 beds)  Double (1 bed) Please assign me a roommate:   Single Room (LIMITED)

**(Single rooms sold on first come basis)**

Note: Please advise here of any special requirements (i.e. dietary, mobility, medical etc.): \_\_\_\_\_

Full payment required to hold seat. Tour is non-refundable! Travel Insurance is available & recommended.

Optional Travel Protection Plan - must be included in payment if elected.

Coverage up to \$1001 - \$1,500 Total Tour Cost: \$120 pp YES:  NO:  Initial here if declining insurance \_\_\_\_\_

Additional rates available for Cancel For Any Reason policies or to cover purchased airfare, if requested.

Further Inquiries – Please Contact: Celtic Tours 518-862-0042 or 800-833-4373 / Email: groups@celtictours.com

All Major Credit Cards Accepted: I have read the terms and conditions. I understand this is a non-refundable tour. Full penalty applies in the event of cancellations for any reason.

I \_\_\_\_\_ authorize Celtic Tours to charge \$ \_\_\_\_\_ on my Credit Card

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



**1860 Western Ave. • Albany, NY 12203**

**PH: 1-800-833-4373 / FAX: 518-862-1820**

**Email: info@celtictours.com**