

**ALFRED STATE COLLEGE**  
**Alumni Association Travel Program**  
**607-587-3931**  
**Ireland 2008**

Please complete this form, plus a clear copy of the front pages of your passport, along with payment to:  
Alfred State College, Office of Institutional Advancement, 10 Upper College Drive, Alfred NY 14802.

**TRAVELER ONE**

\_\_\_ Mr \_\_\_ Mrs \_\_\_ Ms \_\_\_ Miss \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ © \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

IRELAND 2008 -- \$2600 double occupancy SINGLE: +\$400

DOUBLE \$2600 \*\*\*\*\* SINGLE \$3000      Passport No \_\_\_\_\_

DEPOSIT:    \$500    \_\_\_\_\_    cc \_\_\_ check \_\_\_ cash    VI/MC/DS \_\_\_\_\_

PAYMENT: \$1500    \_\_\_\_\_    cc \_\_\_ check \_\_\_ cash    expiration \_\_\_\_\_

BALANCE: \$ \_\_\_\_\_    \_\_\_\_\_    cc \_\_\_ check \_\_\_ cash    signature \_\_\_\_\_

**TRAVELER TWO**

\_\_\_ Mr \_\_\_ Mrs \_\_\_ Ms \_\_\_ Miss \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ © \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

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