



Cruising the Pacific Coast!

May 9-17, 2025

INSTRUCTIONS: Please complete the information and send to Jeanie's Journeys with your payment as soon as possible. One Registration Form per person is required to be confirmed on the tour. By submitting this registration form, you are agreeing to Jeanie's Journeys terms & conditions. See website for details. Tour is first come, first served!

PLEASE PRINT CLEARLY. FILL IN ALL BLANKS. If does not apply please enter N/A. Please fill out one form for each person.

Where did you hear about this tour? _____ Active or Retired Military: Yes ___ No ___

NAME: _____
As it Appears on Driver's License First Middle Last

PREFERRED NAME: _____ BIRTHDAY: _____
needed to book airfare & Insurance

ADDRESS: _____
Street City
State Zip

MOBILE PHONE: _____ SUNCOUNTRY FF NUMBER: _____

EMAIL: _____ TSA PRECHECK NUMBER: _____

ROOMMATE(if Applicable): _____
First Last

OCCUPANCY:
Inside: \$1,999 Double _____ \$2,998 Single _____ Oceanview: \$2,449 Double _____ \$3,229 Single _____
Balcony: \$2,899 Double _____ \$3,969 Single _____ Mini Suite: \$2,939 Double _____ \$4,229 Single _____

DEPOSIT: \$500 Per Person FINAL PAYMENT DATE: January 9, 2025

SLEEPING ARRANGEMENTS: 1 BED: _____ 2 BEDS: _____ DOESN'T MATTER: _____

TRAVEL INSURANCE: DUE AT BOOKING I would like TRAVEL INSURANCE at per person: Yes ___ No ___

Inside: \$164 Double _____ \$246 Single _____ Oceanview: \$201 Double _____ \$265 Single _____

Balcony: \$238 Double _____ \$325 Single _____ Mini Suite: \$241 Double _____ \$347 Single _____

Travel insurance is Non-Refundable. Cancel for Medical Reason ONLY. If nothing is checked you will NOT be enrolled in insurance.

I would like Princess Plus at \$60 Per day Per Guest (Total \$480): Yes ___ No ___

tour RATING I understand the tour difficulty rating described for this tour and am able to perform the level of activity indicated
(Walking 3-5 miles per day) and am fully capable of walking this distance WITHOUT assistance.

Initial to acknowledge this statement: _____

Notes to Organizer (food allergies, handicap room, etc): _____

EMERGENCY CONTACT: Name _____ Relationship _____ Phone Number _____

Total Amount Enclosed: _____

PAYMENT: Please check one(Check preferred): CHECK: _____ CREDIT CARD: _____

Number: _____ Exp Date: _____ CVS three (or four if Am Ex) letter code: _____

For assistance with reservations:
please call Jeanie at 612-229-5276
Or email Jeanie at Jeanie@Jeanies-Journeys.com
Jeanie's Journeys P. O. Box 480042
Minneapolis, MN 55448

Travelers Needing Special Assistance

Jeanie's Journeys cannot provide special individual assistance to tour members with special needs for walking, dining, airport assistance or other routine activities. Jeanie's Journeys will make reasonable efforts to accommodate the special needs of tour participants. However, you will be required to have a companion who is capable and totally responsible for providing assistance for you while traveling. You must report any disability requiring special assistance at time of sign up. See flyer for more details