



*Adventures with Debbie Presents:*  
**Meandering through Michigan**  
*September 21-27, 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 enroll in Travel Insurance

ADDRESS: \_\_\_\_\_  
Street                      City  
\_\_\_\_\_  
State                      Zip

MOBILE PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ROOMMATE(if Applicable): \_\_\_\_\_  
First                      Last


OCCUPANCY: Double: \$1,998 (per person Sharing) \_\_\_\_\_ Single: \$745 Additional \_\_\_\_\_

DEPOSIT: \$300 Per Person                      FINAL PAYMENT DATE: August 18, 2025

SLEEPING ARRANGEMENTS: 1 BED: \_\_\_\_\_ 2 BEDS: \_\_\_\_\_ DOESN'T MATTER: \_\_\_\_\_

TRAVEL INSURANCE: I would like TRAVEL INSURANCE at \$164(Double) \$225(Single) DUE AT BOOKING per person: Yes \_\_\_\_\_ No \_\_\_\_\_

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

 I understand the tour difficulty rating described for this tour and am able to perform the level of activity indicated (Walking 1-3 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): \_\_\_\_\_

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

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

Total Amount Enclosed: \_\_\_\_\_

For assistance with reservations:  
please call Jeanie at 612-229-5276 or  
Debbie at 731-415-8467  
email Jeanie at Jeanie@Jeanies-Journeys.com  
Jeanie's Journeys  
P. O. Box 480042  
Minneapolis, MN 55448  
www.Jeanies-Journeys.com

**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.