



FALL FOLIAGE CRUISE IN NEW ENGLAND AND CANADA!

October 18-26, 2024

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

HOME PHONE: _____ MOBILE PHONE: _____

EMAIL: _____ PASSPORT NUMBER: _____
I would rather get tour communications by regular mail

ROOMMATE(if Applicable): _____
First Last

OCCUPANCY:
Inside Cabin: _____ \$2,498 Double _____ \$2,998 Single
Balcony: _____ \$3,886 Double _____ \$4,886 Single

DEPOSIT: \$500 Per Person FINAL PAYMENT DATE: June 20, 2024

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

TRAVEL INSURANCE: I would like TRAVEL INSURANCE at DUE AT BOOKING Purchase anytime on our website

Inside Cabin: ___ \$212 Double ___ \$255 Single Balcony Cabin: ___ \$330 Double ___ \$415 Single
Travel insurance is Non-Refundable. Cancel for Medical Reason ONLY. If nothing is checked you will NOT be enrolled in insurance.

Princess Plus Package additional \$60 per person per day (total \$420)

I want to add the Princess Plus Package: Yes___ No___

tour|RATING



I have read and understood the tour difficulty rating as described for this tour and am able to perform the level of activity indicated. Initial to acknowledge this statement: _____

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

PAYMENT: (Check preferred): CHECK: _____ CREDIT CARD: _____ Total Amount Enclosed: _____
Name on 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
www.Jeanies-Journeys.com