

NEW ENGLAND AND CANADA FALL FOLIAGE CRUISE!

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 Online Previously	traveled with us_			
Community Center Are you active or Retired I		-	Other:	
NAME:				
As it Appears on Driver's License	First	Middle	Last	
PREFERRED NAME:		BIRTHDAY:	eded for Insurance & air	
ADDDECC.				
ADDRESS:	Street	Apt Number		
	City	State	Zip	
MOBILE PHONE:		_ EMAIL:		
Passport Number and Exp	Date:			
Frequent Flyer, TSA PreCh	neck, Suncountry,	Etc #:		
ROOMMATE(ifApplicable)):			
	First	Last		
Gender: Female Ma	le Prefer No	ot to Answer:		
OCCUPANCY: Inside Cabin: \$1,998 D Balcony: \$2,498 Doub		_	S2,998 Double \$4,9	98 Single
DEPOSIT : \$500 Per Persor	١			
FINAL PAYMENT DATE: Ju	ly 10, 2025			
SLEEPING ARRANGEMEN	TS : 1 BED:	2 BEDS: DOES	N'T MATTER:	
PRINCESS PLUS: I would l \$60 per person per day x 9 c		da, alcoholic drinks up to \$15		

TRAVEL INSURANCE : Price per pers I would like TRAVEL INSURANCE a			
Inside Cabin: \$164 Double \$ Balcony Cabin: \$205 Double		uite: \$246 Double \$410 Single	
These tours are more street per day. Travelers who re physical assistance to was per day. I understand to per day. I am s	renuous in their Difficulty Le equire the use of a cane, w alk are encouraged to sign that this is a Level THREE I fully capable of walking 5-	is checked you will NOT be enrolled in insurance. evel and require 5-7 plus miles of walking valker or wheelchair or are in need of up for our <i>Level ONE Difficulty Tours</i> . Difficulty Tour with 5-7 plus miles of walking 7 plus miles without assistance.	
EMERGENCY CONTACT: Name		DPhone Number	
PAYMENT: Please check one(Checl	k preferred):	Credit Card:	
Number: Total Amount Enclosed:	•	nree (or four if Am Ex) letter code:	
activities. Jeanie's Journeys will make reasonable et	eapolis, MN 55406 assistance to tour members with speciforts to accommodate the special nee	cial needs for walking, dining, airport assistance or other routine eds of tour participants. However, you will be required to have a veling. You must report any disability requiring special assistance	
OFFICE USE ONLY			
Deposit Date: Payments Made:	Travel Insurance Policy: Date Purchased: Travel Insurance Claim Nun		
	Date Canceled: Cancellation Method: Writing Call Email Refunded: Yes No Date Refunded: Amount Refunded: Refund Method:		
	NOTES:		