Jean	ries
0	ourneys
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Captivating Canyonlands!

October 14-23, 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?(Check One) Online Previously traveled with us	
Community Center, event or group Which Community center, event or group?	
Active or Retired Military: Yes No	

NAME:				
As it Appears on Driver's License	First	Middle	Last	
PREFERRED NAME:		BIRTHDAY: needed for Insurance		
ADDRESS:	Street	City		
	State	Zip		
MOBILE PHONE:	E	MAIL:		
ROOMMATE(ifApplical	ole):			
OCCUPANCY:	First	Li	ast	
	\$3,798 Single DI	EPOSIT: \$500 Per Person		
FINAL PAYMENT DATE	: August 1, 2025			
SLEEPING ARRANGEM	ENTS: 1 BED:	2 BEDS: DOESN'T	MATTER:	
TRAVEL INSURANCE:	Price per person DUE AT B	BOOKING		
I would like TRAVEL INSU Travel insurance is Non-Refun	JRANCE at per person: Yes dable. Cancel for Medical Reasc	s No \$246 Doub on ONLY. If nothing is checked you	le \$311 Single will NOT be enrolled in insurance.	
Notes to Organizer (food	allergies, handicap room,	, etc):		
tour RATING (Walking 5-7+ m go-go-go Initial to acknow	e tour difficulty rating describ niles per day) and am fully cap wledge this statement:	ed for this tour and am able to p pable of walking this distance W 	perform the level of activity indicated /ITHOUT assistance.	
On the tour do your plan to	use any of the following: Ca	ne Walker Scooter • to assist you is strongly recom		
EMERGENCY CONTAC	T: Name	Relationship	Phone Number	
Total Amount Enclosed	ł:			
PAYMENT: Please chec	ck one(Check preferred):	Check: Credit	Card:	
Number:	Exp Date	e:CVS three (or four	if Am Ex) letter code:	
For assistance with reserve please call Jeanie at 612- Or email Jeanie at Jeanie Jeanie's Journeys P. O. B Minneapolis, MN 55448	229-5276 @Jeanies-Journeys.com	special needs for walking, dining, airpo Journeys will make reasonable effort participants. However, you will be requ totally responsible for providing assis	e cial individual assistance to tour members with ort assistance or other routine activities. Jeanie's is to accommodate the special needs of tour uired to have a companion who is capable and tance for you while traveling. You must report nce at time of sign up. See flyer for more details	