



Ireland in Spring!

March 1-8, 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 Air & Insurance

ADDRESS: _____
Street City
State Zip

MOBILE PHONE: _____ EMAIL: _____

ROOMMATE(if Applicable): _____ PASSPORT EXP DATE: _____
First Last

OCCUPANCY: _____
\$2,998 Double _____ \$3,598 Single _____ DEPOSIT: \$500 Per Person

FINAL PAYMENT DATE: January 1, 2025

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

TRAVEL INSURANCE: Price per person DUE AT BOOKING
I would like TRAVEL INSURANCE at per person: Yes____ No____ \$246 Double _____ \$295 Single _____
Travel insurance is Non-Refundable. Cancel for Medical Reason ONLY. If nothing is checked you will NOT be enrolled in insurance.

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

On the tour do your plan to use any of the following: Cane____ Walker____ Scooter____ Wheelchair____
If you plan to use any of the above on this tour, a helper to assist you is strongly recommended.

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