Jeanie's
Journeys
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www.Jeanies-Journeys.com

## Voyage of the Glaciers, Amazing Alaska!

requiring special assistance at time of sign up. See flyer for more details.

## June 6-15, 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	Active or Retired Military: Yes No			
NAME:						
As it Appears on Driver's License		Middle		Last		
PREFERRED NAME for name tag:		BIRTHDAY: needed to book airfare & Insurance				
			neede	ed to book airfare	e & Insurance	
ADDRESS:	 reet	City				
	ieet	City				
State		Zip				
CELL PHONE NUMBER:	HOME PHONE NUM	OME PHONE NUMBER:				
EMAIL:	AIL:PASSPORT EXP DATE:					
ROOMMATE NAME (if Appli	cable):					
OCCUPANCY:	First		Last			
Inside Cabin: \$2,998 Dou	ıble \$3,998 Single	Oceanview:	\$3,984 Double	\$5,998 \$	Single	
Balcony: \$4,998 Double _	\$6,998 Single	Mini-Suite:	_ \$5,398 Double	\$7,798 Sinc	gle	
DEPOSIT: \$500 Per Person	FINAL	PAYMENT DATE:	: March 1, 20	)25		
SLEEPING ARRANGEMENT	<b>S:</b> 1 BED:	2 BEDS: DO	ESN'T MATTER:			
TRAVEL INSURANCE: I woul	d like TRAVEL INSUR	ANCE at DUE AT BOC	) KING Purchase anytir	me on our wek	osite	
Inside Cabin: \$246 Double	e \$328 Single	Oceanview Cabin:	\$327 Double	\$492 Sin	gle	
Balcony Cabin: \$410 Doub Travel insurance is Non-Refundable.	ble \$574 Single Cancel for Medical Reaso	Mini-Suite: \$44 on ONLY. If nothing is checl	3 Double \$6 ked you will NOT be er	39 Single 1rolled in insur	rance.	
Princess Plus: \$60 Per day Per Ge w/o PP), Plus Beverage Package per cruise), room service delivery.	up to \$15 each (\$65 per	r day w/o PP), unlimited	juice bar, desserts (2			
activity indicated. Initial	to acknowledge this s	ating as described for th tatement:				
Notes to Organizer (food aller	gies, nandicap room,	etc):To	tal Amount Enclo	osed:		
PAYMENT: (Check preferred	I): Снеск: Сг					
Number:	Exp	Date:CVS thre	ee (or four if Am Ex	) letter code	2	
For assistance with reservation 612-229-5276 Or email Jeanie at Jeanie@Jeanies-Jour Jeanie's Journeys P. O. Box J 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					