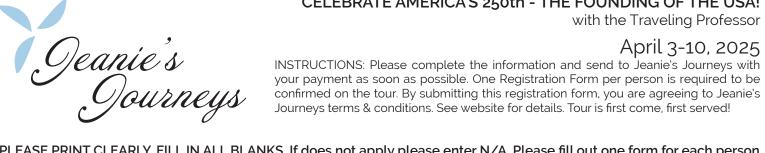
CELEBRATE AMERICA'S 250th - THE FOUNDING OF THE USA!



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					
Community Center	ously traveled with us Which Community center?			Other:	
NAME:					
As it Appears on Driver's License	First	Midd	le	Last	
PREFERRED NAME:	BIRTHDAY: Needed for Insurance & airfare				
ADDRESS:					
	Street	Apt Numbe	er		
	City	State	Zip		
MOBILE PHONE:	: EMAIL:				
	First Last Male Prefer Not to Answer:				
OCCUPANCY: \$1,998 Double\$	2,498 Single				
DEPOSIT: \$200 Per Persor	١				
FINAL PAYMENT DATE: Ma	arch 1, 2025				
SLEEPING ARRANGEMEN	TS : 1 BED:	2 BEDS:	DOESN'T MATTER:_		
TRAVEL INSURANCE: Pric I would like TRAVEL INSUI					
\$164 Double \$20 Travel insurance is Non-Refundabl	05 Single e. Cancel for Medical Rea	ason ONLY. If nothing is c	:hecked you will NOT be e	nrolled in insurance.	

Notes to Organizer (food allergies, handicap room, etc):					
per day. Travelers who rephysical assistance to was initial: I Understand	equire the use of alk are encourage that this is a Lev	of a cane, wal ged to sign u vel THREE Dif	rel and require 5-7 plus miles of walking Lker or wheelchair or are in need of p for our <i>Level ONE Difficulty Tours</i> . The ficulty Tour with 5-7 plus miles of walking plus miles without assistance.		
EMERGENCY CONTACT: Name					
RelationshipPhone Number					
PAYMENT: Please check one(Chec	k preferred):	CHECK:	Credit Card:		
Number:	Exp Date:	CVS thre	ee (or four if Am Ex) letter code:		
activities. Jeanie's Journeys will make reasonable e	urneys.com neapolis, MN 5540 l assistance to tour me efforts to accommodate	mbers with special the special needs	needs for walking, dining, airport assistance or other routine of tour participants. However, you will be required to have a ing. You must report any disability requiring special assistance		
OFFICE USE ONLY					
Deposit Date: Payments Made:	Travel Insurance Date Purchased Travel Insurance Date Canceled: Refunded: Yes Amount Refundance NOTES:	d: e Claim Numb No Date Ref	Cancellation Method: Writing Call Email		