



# Christmas Market Magic in Germany & Austria!

December 5-12, 2024

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 or Retired Military: Yes \_\_\_ No \_\_\_

NAME: \_\_\_\_\_  
As it Appears on Driver's License                      First                      Middle                      Last

PREFERRED NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_  
needed to book airfare & Insurance

ADDRESS: \_\_\_\_\_  
Street                      City  
\_\_\_\_\_ State                      Zip

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PASSPORT EXPIRATION DATE: \_\_\_\_\_  
 I would rather get tour communications by regular mail

ROOMMATE(if Applicable): \_\_\_\_\_  
First                      Last

OCCUPANCY:  
Emerald Cabin: \_\_\_\_\_ \$2,998 Double \_\_\_\_\_ \$3,319 Single                      Ruby Cabin: \_\_\_\_\_ \$3,449 Double \_\_\_\_\_ \$3,849 Single  
Diamond Cabin: \_\_\_\_\_ \$3,998 Double \_\_\_\_\_ \$4,389 Single

DEPOSIT: \$500 Per Person                      FINAL PAYMENT DATE: September 1, 2024

SLEEPING ARRANGEMENTS: 1 BED: \_\_\_\_\_ 2 BEDS: \_\_\_\_\_ DOESN'T MATTER: \_\_\_\_\_

TRAVEL INSURANCE: I would like TRAVEL INSURANCE at DUE AT BOOKING Purchase anytime on our website  
Emerald Cabin: \_\_\_\_\_ \$351 Double \_\_\_\_\_ \$388 Single                      Ruby Cabin: \_\_\_\_\_ \$404 Double \_\_\_\_\_ \$450 Single  
Diamond Cabin: \_\_\_\_\_ \$468 Double \_\_\_\_\_ \$514 Single

Travel insurance is Non-Refundable. Cancel for Medical Reason ONLY. If nothing is checked you will NOT be enrolled in insurance.

 I have read and understood the tour difficulty rating as described for this tour and am able to perform the level of activity indicated. Initial to acknowledge this statement: \_\_\_\_\_

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

PAYMENT: (Check preferred): CHECK: \_\_\_\_\_ CREDIT CARD: \_\_\_\_\_ Total Amount Enclosed: \_\_\_\_\_  
Name on 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

www.Jeanies-Journeys.com