



Fireside Dinner Theatre Christmas & Mystery Tour!

October 31- November 2, 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 (for Nametag): _____ BIRTHDAY: ____/____/____

Needed for Insurance

ADDRESS: _____

Street

City

State

Zip

PHONE: _____ EMAIL: _____

PRINT CLEARLY Tour Communications sent by e-mail. We promise no junk mail.

ROOMMATE(if Applicable): _____

First

Last

OCCUPANCY: \$698 (per person) Double _____ Single \$856 _____

DEPOSIT: \$100 Per Person

FINAL PAYMENT DATE: October 1, 2024

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

TRAVEL INSURANCE: I would like TRAVEL INSURANCE at \$57 (Double) \$70 (Single) DUE AT BOOKING per person: Yes _____ No _____

Can purchase anytime on our website

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

Please check one: I Would like to be picked up: North side of the metro _____ South side of the metro _____

tourRATING I understand the tour difficulty rating described for this tour and am able to perform the level of activity indicated (Walking 1-3 miles per day) and am fully capable of walking this distance WITHOUT assistance.



Initial to acknowledge this statement: _____

During this tour I will be using a: _____ Walker _____ Cane to enable me to walk unassisted for 1-3 miles each day _____ None

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

PAYMENT: Please check one (Check preferred): CHECK: _____ CREDIT CARD: _____

Total Amount Enclosed: _____

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.