Jeanie's Journeys

New York City at Christmastime! *Christmastime in the City*

November 18-22, 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 Airfare & 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: $1,998 (per person) **Double** _____ **Single** $2,323 _____

DEPOSIT: $200 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 $164 (Double) $190 (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.**

tour|RATING go-go-go I understand the tour difficulty rating described for this tour and am able to perform the level of activity indicated (Walking 5-7 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 5-7 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
www.Jeanies-Journeys.com

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.