

Australia & The Great Barrier Reef

March 5-18, 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!

totally responsible for providing assistance for you while traveling. You must report

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 name tag:		BIRTHDAY:needed to book airfare & Insurance	
ADDRESS:			
Street		City	
Sta	ate	Zip	
PHONE NUMBER:	EMAIL:		
PASSPORT NUMBER:	JMBER: PASSPORT EXP DATE:		
ROOMMATE NAME (if Applic			
OCCUPANCY:	First		Last
Inside Cabin: \$2,999 Dou Balcony: \$3,699 Double _			Double \$4,738 Single 4,339 Double \$6,268 Single
I would like to add the Fiji Is	land Extension Per p	oerson (\$795 Double \$995 S	Single): Yes No
DEPOSIT : \$500 Per Person		FINAL PAYMENT DATE: November 8, 2024	
SLEEPING ARRANGEMENTS TRAVEL INSURANCE: I would			
Inside Cabin: \$255 Double			,
Balcony Cabin: \$314 Doub Travel insurance is Non-Refundable. you will NOT be enrolled in insurance	le \$443 Single Cancel for Medical Reason	Mini-Suite Cabin: \$369 [ONLY. Fiji add on will add extra cost	Double \$533 Single for insurance. If nothing is checked
Princess Plus: \$60 Per day Per Gu w/o PP), Plus Beverage Package of per cruise), room service delivery.	i <mark>est (Total \$540)</mark> INCLUD up to \$15 each (\$65 per d	ES: Wi-Fi (\$25 a day without PP), (lay w/o PP), unlimited juice bar, d	Crew Appreciation (\$16 per day esserts (2 per day), fitness class (2
	-	rating as described for this tour a dge this statement:	and am able to perform the
Notes to Organizer (food aller			
PAYMENT: (Check preferred Name on Card:): Check: Cre	DIT CARD:Total Amoui	nt Enclosed:
Number:		Date:CVS three (or four	if Am Ex) letter code:
For assistance with reservation 612-229-5276 email Jeanie@Jeanies-Journey Jeanie's Journeys P. O. Box	s call Jeanie at	Travelers Needing Special Assistance leanie's Journeys cannot provide special in special needs for walking, dining, airport as lourneys will make reasonable efforts to	

Minneapolis, MN 55448 www.Jeanies-Journeys.com any disability requiring special assistance at time of sign up. See flyer for more details