



Trans Atlantic Cruise to Spain

March 4-21, 2026

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?(Check One)

Online _____ Previously traveled with us _____

Community Center _____ Which Community center? _____ Other: _____

Are you active or Retired Military: Yes _____ No _____

NAME: _____

Full Legal Name

First

Middle

Last

PREFERRED NAME: _____

For Nametag

BIRTHDAY: _____

Required

ADDRESS: _____

Street

Apt Number

City

State

Zip

MOBILE PHONE: _____ EMAIL: _____

Passport Number and Exp Date: _____

Frequent Flyer, TSA PreCheck, Suncountry, Etc #: _____

ROOMMATE(if Applicable): _____

First

Last

OCCUPANCY:

Inside: \$2,998 Double _____ \$3,998 Single _____ Oceanview: \$3,984 Double _____ \$5,998 Single _____

Balcony: \$4,998 Double _____ \$6,998 Single _____ Mini Suite: \$5,398 Double _____ \$7,798 Single _____

DEPOSIT: \$500 Per Person

FINAL PAYMENT DATE: December 1, 2025

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

TRAVEL INSURANCE: Price per person DUE AT BOOKING

I would like TRAVEL INSURANCE at per person: Yes _____ No _____

Inside: \$246 Double _____ \$328 Single _____ Oceanview: \$327 Double _____ \$492 Single _____

Balcony: \$410 Double _____ \$574 Single _____ Mini Suite: \$443 Double _____ \$639 Single _____

Rates for Travel insurance including Princess Plus: Inside Double \$315 Single \$397 Oceanview Double \$396 Single \$561 Balcony Double \$479 Single \$643 Mini-Suite Double \$512 Single \$708 Per Person

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

PLEASE TURN PAGE TO FILL OUT COMPLETELY

Princess Plus: \$60 Per day Per Guest (Total \$840): I would like to add Princess Plus. Yes _____ No _____
INCLUDES: Wi-Fi (\$25 a day without PP), Crew Appreciation (\$16 per day w/o PP), Plus Beverage Package up to \$15 each (\$65 per day w/o PP), unlimited juice bar, desserts (2 per day), fitness class (2 per cruise), room service delivery.



These tours are more strenuous in their Difficulty Level and require **5-7 plus miles of walking per day**. Travelers who require the use of a cane, walker or wheelchair or are in need of physical assistance to walk are encouraged to sign up for our **Level ONE Difficulty Tours**.

Initial: _____ I Understand that this is a Level THREE Difficulty Tour with 5-7 plus miles of walking per day. I am fully capable of walking 5-7 plus miles without assistance.

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

EMERGENCY CONTACT: Name _____ Relationship _____
Phone Number _____

Total Amount Enclosed: _____

PAYMENT: Please check one (Check preferred): CHECK: _____ CREDIT 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 6162 Minneapolis, MN 55406

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. See flyer for more details

OFFICE USE ONLY

Deposit Date:

Payments Made:

Travel Insurance Policy:

Date Purchased:

Tour Cost:

Travel Insurance Claim Number:

Date Canceled:

Cancellation Method: Writing Call Email

Refunded: Yes No **Date Refunded:**

Amount Refunded:

Refund Method:

NOTES: