



Fjords & Fairy Tales

June 24- July 4, 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: _____

As it Appears on Driver's License

First

Middle

Last

PREFERRED NAME: _____ 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 Cabin: ____ \$3,998 Double ____ \$5,469 Single Oceanview: ____ \$4,798 Double ____ \$5,699 Single

Balcony: ____ \$4,998 Double ____ \$6,199 Single

(Oceanview Obstructed View)

DEPOSIT: \$500 Per Person

FINAL PAYMENT DATE: May 1, 2026

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

Drinks Package: \$70 Per day Per Guest (Total \$490): I would like to add Yes ____ No ____
To Add Drinks Package, Please call Jeanie

TRAVEL INSURANCE: Price per person DUE AT BOOKING

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

Inside Cabin: ____ \$328 Double ____ \$448 Single Balcony Cabin: ____ \$393 Double ____ \$467 Single

Oceanview: ____ \$410 Double ____ \$508 Single

Travel insurance is Non-Refundable. Cancel for Medical Reason ONLY. If nothing is checked you will NOT be enrolled in insurance. RATES TRAVEL INSURANCE do NOT cover Drinks package

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



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**.

***REQUIRED**

TOUR DIFFICULTY LEVEL _____ *Initial: **I Understand the walking involved on this tour**

Acknowledgment Right to Refuse: Although everyone is welcome on a Jeanie's Journeys tour, sometimes certain tours are not a good fit for some travelers. Participation on a tour is subject to Jeanie's Journeys' reasonable discretion to promote safety, comfort, and compliance with law. When meeting at a departure point for a tour, if it is determined that a traveler is unable to meet the stated physical requirements of the tour, Jeanie's Journeys may cancel that traveler's participation before departure; in such case, no refund will be made. Jeanie's Journeys also reserves the right to terminate the tour at any time, of any person who is abusive, threatening, intoxicated, engaging in illegal activity, or otherwise disrupting or materially interfering with the tour, staff, or other travelers. If asked to leave a tour, the traveler must depart the tour promptly and will be responsible for all resulting costs, including transportation, accommodation, and other expenses; no refunds will be provided for unused services. Decisions under this paragraph may be made by Jeanie's Journeys' representatives in their reasonable discretion and are final. By initialing, you agree that: you have carefully read, fully understand and agree to all of the terms and conditions described. Any registration not initialed will not be accepted. **I have read this statement***

EMERGENCY CONTACT: Name_____

Relationship_____ Phone Number_____

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

Number:_____ Exp Date:_____ CVS three (or four if Am Ex) letter code:_____

Total Amount Enclosed:_____

For assistance with reservations:
please call Jeanie at 612-229-5276
Jeanie's Journeys 954 Wakefield Ave Saint Paul, MN 55106
Or email Jeanie at Jeanie@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. See flyer for more details

OFFICE USE ONLY

Deposit Date:

Travel Insurance Policy:

Payments Made:

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: