America's Story: Washington D.C. & Gettysburg with The Traveling Professor

March 30- April 5, 2027

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_____ **Community Center**_____ **Which Community center?** _____
Other:_____ **Previously traveled with us**_____
Are you active or Retired Military: Yes____ No___

NAME:_____
Full Legal Name First Middle Last

PREFERRED NAME:_____ **BIRTHDAY:**_____
For Nametag Required

ADDRESS:_____
Street Apt Number

_____
City State Zip

MOBILE PHONE:_____ **EMAIL:**_____

Sun Country Frequent Flyer Number:_____
TSA Pre or Clear Number: _____

ROOMMATE(if Applicable):_____
First Last

OCCUPANCY:
$2,498 **Double** _____ $2,998 **Single** _____

DEPOSIT: $500 Per Person

FINAL PAYMENT DATE: January 30, 2027

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

TRAVEL INSURANCE: Price per person DUE within 3 weeks of Booking
I would like TRAVEL INSURANCE at per person: **Yes**_____ **No**_____

$205 **Double** _____ $246 **Single** _____
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

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.***

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.

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 Lisa at 612-363-8424
Or email at Lisa@Jeanies-Journeys.com
Jeanie's Journeys 954 Wakefield Ave Saint Paul, MN 55106

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: