



Journey to the Midnight Sun- Norway!

June 5-22, 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!

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: _____ BIRTHDAY: _____

ADDRESS: _____

Street APT #

City State Zip

MOBILE PHONE: _____ EMAIL: _____

PASSPORT EXPIRATION DATE: _____ TSA PRECHECK NUMBER: _____

ROOMMATE(if Applicable): _____

OCCUPANCY: First Last

Inside Cabin: _____ \$3,998 Double _____ \$4,998 Single Oceanview: _____ \$4,699 Double _____ \$5,699 Single

Balcony: _____ \$5,899 Double _____ \$6,899 Single Suite: _____ \$6,999 Double _____ \$7,999 Single

DEPOSIT: \$500 Per Person FINAL PAYMENT DATE: March 1, 2025

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

Ambassador Package: Includes house alcoholic and non alcoholic drinks plus crew gratuities at \$59 per night, per person. A total of \$826 per person. YES _____ NO _____

TRAVEL INSURANCE: I would like TRAVEL INSURANCE at DUE AT BOOKING Purchase anytime on our website

Inside Cabin: _____ \$328 Double _____ \$410 Single Oceanview Cabin: _____ \$385 Double _____ \$467 Single

Balcony Cabin: _____ \$484 Double _____ \$566 Single Suite: _____ \$574 Double _____ \$656 Single

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



I understand the tour difficulty rating described for this tour and am able to perform the level of activity indicated (Walking 3-5 miles per day) and am fully capable of walking this distance WITHOUT assistance.

Initial to acknowledge this statement: _____

On the tour do your plan to use any of the following: Cane _____ Walker _____ Scooter _____ Wheelchair _____

If you plan to use any of the above on this tour, a helper to assist you is strongly recommended.

EMERGENCY CONTACT: Name _____ Relationship _____ Phone Number _____

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

Total Amount Enclosed: _____

PAYMENT: (Check preferred): CHECK: _____ CREDIT CARD: _____

Name on Card: _____

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

For assistance with reservations 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. See flyer for more details.