



# Majestic Niagara Falls!

August 24-30, 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?(Check One)

Online \_\_\_\_\_ Previously traveled with us \_\_\_\_\_

Community Center \_\_\_\_\_ Which Community center? \_\_\_\_\_ Other: \_\_\_\_\_

NAME: \_\_\_\_\_

Full Legal Name

First

Middle

Last

PREFERRED NAME: \_\_\_\_\_

For Name Tag

BIRTHDAY: \_\_\_\_\_

Required

ADDRESS: \_\_\_\_\_

Street

Apt Number

City

State

Zip

MOBILE PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ROOMMATE(if Applicable): \_\_\_\_\_

First

Last

OCCUPANCY:

\$1,769 Double \_\_\_\_\_ \$1,998 Single \_\_\_\_\_

DEPOSIT: \$200 Per Person

FINAL PAYMENT DATE: July 1, 2025

SLEEPING ARRANGEMENTS: 1 BED: \_\_\_\_\_ 2 BEDS: \_\_\_\_\_ DOESN'T MATTER: \_\_\_\_\_

TRAVEL INSURANCE: DUE AT BOOKING I would like TRAVEL INSURANCE at per person:

Yes \_\_\_\_\_ No \_\_\_\_\_

\$145 Double \_\_\_\_\_ \$164 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 Moderate in their Difficulty Level and **require 3-5 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 **Level ONE Difficulty Tours.**

**Initial:** \_\_\_\_ 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.

**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:*