

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

EMERGENCY CONTACT: Name_____ Relationship_____
Phone Number_____



These tours are more strenuous in their Difficulty Level and require **1-4 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 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.

_____ **I have read the above statement* 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.**

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
Or email Jeanie at Jeanie@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:

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: