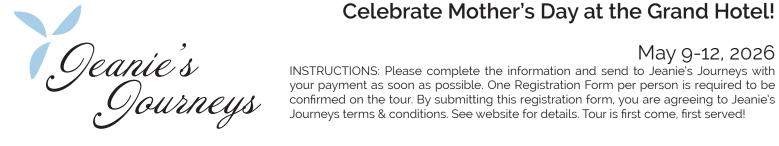
Celebrate Mother's Day at the Grand Hotel!



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 a Online Comm Other:	unity Center	Which Community cent	er?
Are you active or Retir			
NAME:			
As it Appears on Driver's License		Middle	Last
PREFERRED NAME:	BIRTHDAY: needed for Insurance		
ADDRESS:			
	Street	Apt Number	
	City	State	Zip
MOBILE PHONE:		EMAIL:	
ROOMMATE(ifApplica	i ble): First		 ast
Gender: Female	_ Male Prefer	Not to Answer:	
OCCUPANCY:			
\$1,799 Double	\$1,999 Single	_ DEPOSIT : \$200 Per Pe	rson
FINAL PAYMENT DATE	E: April 30, 2026		
SLEEPING ARRANGEN	MENTS: 1 BED:	2 BEDS: DO	ESN'T MATTER:
TRAVEL INSURANCE: I would like TRAVEL IN		E AT BOOKING erson: Yes No _	
\$148 Double Travel insurance is Non-Refur	\$164 Single ndable. Cancel for Medica	_ al Reason ONLY. If nothing is check	ed you will NOT be enrolled in insurance.
Notes to Organizer (food	d allergies, handicap	room, etc):	



tour|RATING These tours are designed to be Easy in their Difficulty Level but still require 1-3 miles of walking per day. Those who need to use a cane or a walker are welcome on Level ONE Difficulty tours ONLY IF you are able to walk 1-3 miles per day using your cane or walker without assistance.

If you require assistance to walk 1-3 miles per day when using cane or walker you will be **REQUIRED** to bring a PCA (Personal Care Attendant) along on the tour to assist you throughout the tour. Your PCA will accompany you on the tour at your own expense.

1 7 7	
that this is a Level ONE Difficulty Tour with a fully capable of walking 1-3 plus miles with Walker,etc) In to use any of the following: Cane W	nout assistance or with my
that this is a Level ONE Difficulty Tour with a be using a cane or walker during this tour a n expense, to assist me throughout the tour Phone number of my	and I will bring a PCA with r.
Phone Number	
k preferred): CHECK: CREDIT CAI	RD:
Exp Date:CVS three (or four if Ar	n Ex) letter code:
urneys.com Jeanie's Journeys P. O. Box 6: assistance to tour members with special needs for walking, d fforts to accommodate the special needs of tour participants. For providing assistance for you while traveling. You must report a	dining, airport assistance or other routine However, you will be required to have a
Travel Insurance Claim Number: Date Canceled: Cancellation M Refunded: Yes No Date Refunded:	our Cost: Method: Writing Call Email Method:
fildon — k	fully capable of walking 1-3 plus miles with Walker, etc) to use any of the following: Cane