



A Very Merry European Christmas Markets Cruise

November 30- December 6, 2026

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:_____

Are you active or Retired Military: Yes_____ No_____

NAME:_____

Full Legal Name

First

Middle

Last

PREFERRED NAME:_____

For Nametag

BIRTHDAY:_____

Required

ADDRESS:_____

Street

Apt Number

City

State

Zip

MOBILE PHONE:_____ EMAIL:_____

Passport Number and Exp Date:_____

Frequent Flyer, TSA PreCheck, Suncountry, Etc #: _____

ROOMMATE(if Applicable):_____

First

Last

OCCUPANCY:

OCEANVIEW:

_____ \$3,969 Double _____ \$4,199 Single

BALCONY:

_____ \$4,259 Double _____ \$5,369 Single

DEPOSIT: \$500 Per Person

FINAL PAYMENT DATE: August 21, 2026

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

TRAVEL INSURANCE: Price per person DUE AT BOOKING

I would like TRAVEL INSURANCE at per person: Yes_____ No_____

OCEANVIEW: _____ \$325 Double _____ \$344 Single BALCONY: _____ \$349 Double _____ \$440 Single

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

PLEASE TURN PAGE TO FILL OUT COMPLETELY



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

Initial to acknowledge this statement: _____

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

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:_____

For assistance with reservations:
please call Lisa at 612-363-8424 Or email Lisa@Jeanies-Journeys.com
Jeanie's Journeys 954 Wakefield Ave Saint Paul, MN 55106

Total Amount Enclosed:_____

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: