



Cruising The Mexican Riviera

November 5-14, 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: _____

As it Appears on Driver's License

First

Middle

Last

PREFERRED NAME: _____ 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:

Inside Cabin: ____ \$2,875 Double ____ \$3,349 Single **Balcony:** ____ \$3,155 Double ____ \$3,729 Single

Mini-Suite: ____ \$3,495 Double ____ \$4,639 Single

DEPOSIT: \$500 Per Person

FINAL PAYMENT DATE: July 1, 2026

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

Princess Plus: INCLUDED! INCLUDES: Wi-Fi, Crew Appreciation, Plus Beverage Package up to \$15 each, unlimited juice bar, desserts (2 per day), fitness class (2 per cruise), room service delivery.

TRAVEL INSURANCE: Price per person DUE AT BOOKING

I would like TRAVEL INSURANCE at per person: **Yes** _____ **No** _____

Inside Cabin: ____ \$236 Double ____ \$275 Single **Balcony Cabin:** ____ \$259 Double ____ \$306 Single

Mini-Suite: ____ \$287 Double ____ \$380 Single

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

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_____

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 Lisa at 612-363-8424

Or email Lisa at Lisa@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:

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: