Fall Foliage in Door County

October 6-9, 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_____ Community Center_____ Which Community center? _____
Other:_____ Previously traveled with us_____
Are you active or Retired Military: Yes____ No___

NAME:_____
Full Legal Name First Middle Last

PREFERRED NAME:_____ **BIRTHDAY:**_____
For Nametag Required

ADDRESS:_____
Street Apt Number

_____
City State Zip

MOBILE PHONE:_____ **EMAIL:**_____

ROOMMATE(ifApplicable):_____
First Last

OCCUPANCY:
$1,198 **Double** _____ $1,398 **Single** _____

DEPOSIT: $200 Per Person **FINAL PAYMENT DATE:** September 1,2026

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**_____

$98 Double _____ $115 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

tour|RATING Level 1 go

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.

Option 1: **Initial:** ____ I Understand that this is a Level ONE Difficulty Tour with 1-3 miles of walking per day. I am fully capable of walking 1-3 plus miles without assistance or with my device (Cane,Walker,etc)

On the tour do your plan to use any of the following: Cane_____ Walker_____

Option 2: **Initial:** ____ I Understand that this is a Level ONE Difficulty Tour with 1-3 miles of walking per day. I will be using a cane or walker during this tour and I will bring a PCA with me, at my own expense, to assist me throughout the tour.

Name of my PCA: _____ **Phone number of my PCA:** _____

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:_____

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: