



Italian Adventure

April 22-29, 2025

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? _____ Active or Retired Military: Yes ___ No ___

NAME: _____

As it Appears on Driver's License

First

Middle

Last

PREFERRED NAME: _____

BIRTHDAY: _____

needed to book airfare & Insurance

ADDRESS: _____

Street

City

State

Zip

MOBILE PHONE: _____ FF NUMBER(if applicable): _____

EMAIL: _____ TSA PRECHECK NUMBER: _____

ROOMMATE(if Applicable): _____

First

Last

OCCUPANCY:

\$4,799 Double _____ \$5,598 Single _____

DEPOSIT: \$500 Per Person

FINAL PAYMENT DATE: February 14, 2025

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 ___

\$394 Double _____ \$459 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): _____

 **tour|RATING** I understand the tour difficulty rating described for this tour and am able to perform the level of activity indicated (Walking 5-7 miles per day) and am fully capable of walking this distance WITHOUT assistance.

Initial to acknowledge this statement: _____

On the tour do your plan to use any of the following: Cane _____ Walker _____ Scooter _____ Wheelchair _____

If you plan to use any of the above on this tour, a helper to assist you is strongly recommended. This tour has A LOT of walking

EMERGENCY CONTACT: Name _____ Relationship _____ Phone Number _____

PAYMENT: Please check one(Check preferred): CHECK: _____ CREDIT: _____

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 P. O. Box 480042

Minneapolis, MN 55448

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