



# Trans Atlantic Cruise to Spain

March 4-21, 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:\_\_\_\_\_

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:

Inside: \$2,998 Double \_\_\_\_\_ \$3,998 Single \_\_\_\_\_ Oceanview: \$3,984 Double \_\_\_\_\_ \$5,998 Single \_\_\_\_\_

Balcony: \$4,998 Double \_\_\_\_\_ \$6,998 Single \_\_\_\_\_ Mini Suite: \$5,398 Double \_\_\_\_\_ \$7,798 Single \_\_\_\_\_

DEPOSIT: \$500 Per Person

FINAL PAYMENT DATE: December 1, 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\_\_\_\_\_

Inside: \$246 Double \_\_\_\_\_ \$328 Single \_\_\_\_\_ Oceanview: \$327 Double \_\_\_\_\_ \$492 Single \_\_\_\_\_

Balcony: \$410 Double \_\_\_\_\_ \$574 Single \_\_\_\_\_ Mini Suite: \$443 Double \_\_\_\_\_ \$639 Single \_\_\_\_\_

Rates for Travel insurance including Princess Plus: Inside Double \$315 Single \$397 Oceanview Double \$396 Single \$561 Balcony Double \$479 Single \$643 Mini-Suite Double \$512 Single \$708 Per Person

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

**Princess Plus: \$60 Per day Per Guest (Total \$840):** I would like to add Princess Plus. Yes \_\_\_\_\_ No \_\_\_\_\_  
INCLUDES: Wi-Fi (\$25 a day without PP), Crew Appreciation (\$16 per day w/o PP), Plus Beverage Package up to \$15 each (\$65 per day w/o PP), unlimited juice bar, desserts (2 per day), fitness class (2 per cruise), room service delivery.



These tours are more strenuous in their Difficulty Level and require **5-7 plus 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 our **Level ONE Difficulty Tours**.

**Initial:** \_\_\_\_\_ I Understand that this is a Level THREE Difficulty Tour with 5-7 plus miles of walking per day. I am fully capable of walking 5-7 plus miles without assistance.

**Notes to Organizer (food allergies, handicap room, etc):** \_\_\_\_\_

**EMERGENCY CONTACT:** Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone Number \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

**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 Jeanie at 612-229-5276  
Or email Jeanie at Jeanie@Jeanies-Journeys.com  
Jeanie's Journeys P. O. Box 6162 Minneapolis, MN 55406

**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:**