

Disney World at MEA

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? ____ Catalog:____ Other:_____ Previously traveled with us_____ Are you active or Retired Military: Yes____ No___ NAME: Middle Last Full Legal Name PREFERRED NAME: BIRTHDAY:____ For Nametaa ADDRESS:_____ Street Apt Number State Citv Zip MOBILE PHONE: _____ EMAIL: _____ Frequent Flyer, TSA PreCheck, Airline FF#, Etc: _______ ROOMMATE(ifApplicable):_____ Last First OCCUPANCY: \$2,626 **Adult** _____ \$2,599 **Child 3-9** ____ **DEPOSIT:** \$500 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____ \$69 Per Person ___ Travel insurance is Non-Refundable. Cancel for Medical Reason ONLY. If nothing is checked you will NOT be enrolled in insurance.

| Notes to C | Organizer (food allergies, ha | andicap room, etc): | |
|--|--|--|--|
| EMERGE | | | _ Relationship |
| | Phone N | lumber | |
| tour RATING Level 2 | per day. Travelers who | require the use of a cane, \ | Level and require 1-4 plus miles of walking walker or wheelchair or are in need of n up for our <i>Level ONE Difficulty Tours.</i> |
| | 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 | | |
| | a Jeanie's Journeys tour, sor subject to Jeanie's Journeys meeting at a departure poir requirements of the tour, Jea no refund will be made. Jear who is abusive, threatening, i with the tour, staff, or other tr responsible for all resulting of provided for unused services in their reasonable discretion | metimes certain tours are not a reasonable discretion to prome at for a tour, if it is determined anie's Journeys may cancel that the nie's Journeys also reserves the ntoxicated, engaging in illegal acavelers. If asked to leave a tour, osts, including transportation, acts. Decisions under this paragraph and are final. By initialing, you | t Right to Refuse: Although everyone is welcome of good fit for some travelers. Participation on a tour ote safety, comfort, and compliance with law. Whethat a traveler is unable to meet the stated physic traveler's participation before departure; in such cas right to terminate the tour at any time, of any persocitivity, or otherwise disrupting or materially interfering the traveler must depart the tour promptly and will be commodation, and other expenses; no refunds will be may be made by Jeanie's Journeys' representative agree that: you have carefully read, fully understar registration not initialed will not be accepted. |
| PAYMEN | T : Please check one(Chec | ck preferred): Снеск:_ | Credit Card: |
| Number:_ | | Exp Date:CVS t | hree (or four if Am Ex) letter code: |
| | ount Enclosed: | | |
| please cal Or email Je Travelers Nee Jeanie's Journ activities. Jear companion wh | nie's Journeys will make reasonable (| al assistance to tour members with spe efforts to accommodate the special ne | neys 954 Wakefield Ave Saint Paul, MN 55106 ecial needs for walking, dining, airport assistance or other routineds of tour participants. However, you will be required to have aveling. You must report any disability requiring special assistance. |
| OFFICE (| JSE ONLY | | |
| Deposit Date: Payments Made: | | Travel Insurance Policy: Date Purchased: | Tour Cost: |
| | | Travel Insurance Claim Nu Date Canceled: Refunded: Yes No Date I Amount Refunded: | Cancellation Method: Writing Call Emai |
| | | NOTES: | |
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