



# Old World Christmas at the Osthoff Resort

December 9-11, 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:\_\_\_\_\_

NAME:\_\_\_\_\_

As it Appears on Driver's License

First

Middle

Last

PREFERRED NAME:\_\_\_\_\_

BIRTHDAY:\_\_\_\_\_

Needed for Insurance

ADDRESS:\_\_\_\_\_

Street

Apt Number

City

State

Zip

MOBILE PHONE:\_\_\_\_\_ EMAIL:\_\_\_\_\_

ROOMMATE(if Applicable):\_\_\_\_\_

First

Last

Gender: Female\_\_\_\_\_ Male\_\_\_\_\_ Prefer Not to Answer:\_\_\_\_\_

OCCUPANCY:

King Suite 1 Bedroom:

Two Bedroom Suite

\$778 Double \_\_\_\_\_ \$854 Single \_\_\_\_\_

\$798 Double \_\_\_\_\_

DEPOSIT: \$100 Per Person

FINAL PAYMENT DATE: November 9, 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\_\_\_\_\_

\$64 King Suite Double \_\_\_\_\_ \$70 King Suite Single \_\_\_\_\_ \$65 Two Bed Suite \_\_\_\_\_

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): \_\_\_\_\_

PLEASE TURN PAGE TO FILL OUT COMPLETELY



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:** \_\_\_\_\_

**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:**