

Turkey & Tinsel Celebration in Jolly Old England

PLEASE PRINT CLEARLY. FILL IN ALL BLANKS. If does not apply please enter N/A. Please fill out one form for each person.

Online Pre	 Other:	Other [.]		
	Retired Military: Yes		Other	
NAME:				
Full Legal Name	First	Middle	Last	
PREFERRED NAME:		BIF	RTHDAY: Required	
	For Nametag		Required	
ADDRESS:				
	Street	Apt Ni	umber	
	City	State	Zip	
MOBILE PHONE:		EMAIL:		
Passport Number	and Exp Date:			
Frequent Flyer, TS	A PreCheck, Suncount	ry, Etc #:		
ROOMMATE(ifApp	licable):			
	First		Last	
OCCUPANCY:				
\$2,998 Double	\$3,498 Single			
DEPOSIT: \$500 Per Person		FINAL PAYMENT DATE: October 15, 2025		
SLEEPING ARRAN	GEMENTS: 1 BED:	2 BEDS:	DOESN'T MATTER:	
	CE: Price per person DU L INSURANCE at per p		D	

\$246 Double _____ \$287 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):					
EMERGE	NCY CONT	ACT: Name	Relationship		
		Phone Number			
These tours are more strenuous in their Difficulty Level and require 5-7 plus miles of walk 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 <i>Level ONE Difficulty Tours</i> .					
	Initial:		evel THREE Difficulty Tour with 5-7 plus m of walking 5-7 plus miles without assistand		

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 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:	Travel Insurance Policy:			
	Date Purchased:	Tour Cost:		
Payments Made:	Travel Incurrence Claime	lunah avu		
	Travel insurance Claim N	Travel Insurance Claim Number:		
	Date Canceled:	Cancellation Method: Writing Call Emai		
	Refunded: Yes No Date Refunded:			
	Amount Refunded:	Refund Method:		
	NOTES:			