



HAWAIIAN ISLANDS SOJOURN, SAILING TO PARADISE

January 13-30, 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

PHONE NUMBER: _____ EMAIL: _____

PASSPORT NUMBER & EXPIRATION DATE: _____

ROOMMATE(if Applicable): _____
First Last

OCCUPANCY: _____
INSIDE: _____ \$2,999 Double _____ \$4,839 Single OCEANVIEW: _____ \$3,759 Double _____ \$6,299 Single

BALCONY: _____ \$4,699 Double _____ \$7,999 Single

DEPOSIT: \$500 Per Person FINAL PAYMENT DATE: September 15, 2024

SLEEPING ARRANGEMENTS: 1 BED: _____ 2 BEDS: _____ DOESN'T MATTER: _____

TRAVEL INSURANCE: I would like TRAVEL INSURANCE at DUE AT BOOKING Purchase anytime on our website

INSIDE: _____ \$210 Double _____ \$339 Single OCEANVIEW: _____ \$263 Double _____ \$441 Single

BALCONY: _____ \$329 Double _____ \$560 Single Travel insurance is Non-Refundable. Cancel for Medical Reason ONLY. If nothing is checked you will NOT be enrolled in insurance.

Princess Plus: \$60 Per day Per Guest (Total \$960) 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. For more details see tour website. YES _____ NO _____

tour|RATING  I have read and understood the tour difficulty rating as described for this tour and am able to perform the level of activity indicated. Initial to acknowledge this statement: _____

Notes to Organizer (food allergies, handicap room, etc): _____

PAYMENT: (Check preferred): CHECK: _____ CREDIT CARD: _____ Total Amount Enclosed: _____

Name on 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 480042 Minneapolis, MN 55448

www.Jeanies-Journeys.com