



REGISTRATION FORM

THE SCIENCE MUSEUM OF MINNESOTA – ALASKA CRUISE AUGUST 28 – SEPTEMBER 5, 2025

INSTRUCTIONS: Please read and complete the information on both sides of the form and forward to Carrousel Travel with your deposit as soon as possible. A completed, signed Registration Form is required in order to be confirmed on the trip. **DOCUMENTATION:** A valid U.S. passport is required for all travel. Passports must be valid for 6 months beyond your scheduled return date of travel. Please ask your travel consultant for assistance if you are a citizen of another country.

(Please type or print)	TRAV	ELER INFORMATION			
FIRST TRAVELER NAME: As shown on Passport	First	Middle		Last	
SECOND TRAVELER NAME: As shown on Passport	First	Middle		Last	
HOME ADDRESS:					
	reet	City		State	Zip
TELEPHONE: Home:(Area Code)		Business:(Area Code)	Ce	(Area Code)	
EMAIL ADDRESS:		,		(viica couc)	
	PAS	SSPORT INFORMATION			
TRAVELER ONE BIRTH DATE: _		PASSPORT NUMI	BER:		
DATE OF ISSUE:		EXPIRATION DA	ГЕ:		
TRAVELER TWO BIRTH DATE:		PASSPORT NUM	BER:		
DATE OF ISSUE:		EXPIRATION DAT	E:		
			21121222		
_		AIR – INDICATE YOUR			
Oceanview Stateroom	\$4,759 per pe\$2,655 per pe\$2,255 per pe	rson, double	□ \$6,945 per p □ \$4,245 per p □ \$3,545 per p	person, single	
Group Airfare:	Yes □ No	\$995 per person – Min	neapolis to Vanc	ouver, return fro	om Anchorage
NOTE – Cruise price includes V staff gratuities, transfers, taxes on a first-come, first served bas	, fees, and port c			-	
	PA	YMENT INFORMATION			
☐ I am sending my check for the			ade out to Carrou	sel Travel	
☐ Please charge the deposit pay NOTE – Credit card paym	ment to my cred	dit card: □ Visa □ Ma	stercard □ Dis		
CARD NUMBER:		EXP.	DATE:	SEC. COD	DE:
NAME AS IT APPEARS ON CAR	D:				
SIGNATURE:			TODAY	"S DATE:	





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THE SCIENCE MUSEUM OF MINNESOTA – ALASKA CRUISE AUGUST 28 – SEPTEMBER 5, 2025

TERMS AND CONDITIONS:

Deposit:	\$1,000 per person at time of booking	
Final payment:	Due May 17, 2025	
Cancellation Policy:	From deposit through February 28, 2025	\$1,000 fee per perso
	From March 1, 2025 through May 17, 2025	\$1,500 fee per perso

From May 18, 2025 through departure date...... No Refund

Cancellations must be received in writing and are effective upon receipt in our office. Trip cancellation insurance is available and is strongly recommended. Ask for details.

PLEASE NOTE: Regardless of whether you have signed this agreement, retention of your Itinerary/Invoice shall constitute acceptance of all the provisions listed here as well as those terms and conditions set forth in the announcement and brochures of the tour/package, charter, cruise or service. Travel insurance is available and highly recommended.

PROOF OF IDENTITY: Proof of identity is required for all travel. A valid U.S. passport with 6 months validity past the trip return date is required for all travel. Please ask your travel consultant for assistance if you are a citizen of another country.

RESPONSIBILITY CLAUSE: Carrousel Travel purchases transportation, hotel accommodations, cruise accommodations and other services from various suppliers that are not subject to its immediate control. Carrousel Travel cannot, therefore, be liable for any personal injury or property damage or personal loss in connection with any service which may occur due to (1) any act or omission of such a supplier, or (2) defects in or failures of any aircraft, vessel, automotive vehicle or other means of transportation that is not under their control, or (3) any circumstances arising as a result of military or political action, terrorism, weather, acts of God, epidemiological events or any other circumstances over which Carrousel Travel has no control. Carrousel Travel reserves the right to alter, change or omit any part of the itinerary as they deem necessary or desirable, and to pass on to participants any expenditures or losses caused by delays or events beyond their control.

SUPPLIER DEFAULT/BANKRUPTCY: If a supplier declares bankruptcy, cancels or postpones service or otherwise fails to provide or perform the services you have purchased, it is the supplier, and not the travel consultant, that is legally responsible to you. Refunds or reparations must come directly from the supplier or the bankruptcy court. Carrousel Travel will do their best to assist you.

IN CASE OF EMERGENCY PLEASE NOTIFY						
NAME:		RELATIONSHIP:				
TELEPHONE: Home: _		Business:		Cell:		
	(Area Code)	(Al	rea Code)	(Area Code)		
have read and agre	ee to the terms and	d conditions of this to	our as stated in t	his Participants Agreement.		
Drint Name						
Pfint Name.						
Signature:			Date	e:		

Please return this completed form with your deposit to:

Carrousel Travel
Attn: Science Museum Alaska Cruise
6625 Lyndale Avenue S., Suite 104
Minneapolis, MN 55423

612-866-2503 Phone + 612-866-9644 Fax + smm@carrouseltravel.com Email





Travel Insurance Waiver

This is a required form due back to Carrousel Travel with your registration form indicating your insurance preference.

Carrousel Travel highly recommends all participants protect themselves and their trip investment by purchasing an accredited third-party travel insurance protection plan. We offer several plans to protect you in the event of:

- Trip cancellation or interruption due to illness or death (also covers immediate family members, who are not traveling with you)
- Medical or dental emergencies that occur during your trip
- Emergency medical transportation

- Travel delay
- Missed connection
- Baggage loss/damage
- Baggage delay

Optional benefits for work-related cancellations and cancel anytime may also be purchased. *To be sure you have the appropriate coverage for any pre-existing medical conditions or unforeseen major life events that could prevent you from traveling you will need to purchase your insurance within 14 days of your first deposit.*

Please complete and check the appropriate box below:

I understand fully that there are non-refundable expenses involved in preparing for a travel program such as the one in which I plan to participate. I have read the terms and conditions of the trip brochure noting the policy regarding trip cancellation and the penalties that apply.

	m interested in purchasing travel insurance to protect my trip investment. Please provide me with a vel insurance quote.
□ Ih	ave elected to purchase a policy through a different provider.
	ave chosen NOT to purchase travel insurance at this time. By declining this protection, I am suming any financial loss associated with my travel arrangements.
Traveler's	Name(s):
Signature	(s): Date:

Carrousel Travel 6625 Lyndale Avenue South, Minneapolis, MN 55423 Phone: (612) 866-2503 / Fax: (612) 866-9644 / Attn: SMM Alaska

smm@carrouseltravel.com