

2017 National Park Tour Registration

	Price per person	Which Guest? (or "both")	Total
2017 National Park Tour (June 10-20)	\$3,156		
Early Anchorage Stay	\$80 / night per guest		
SeaLife Center Behind-the-Scenes Tour	\$13		
SeaLife Center Puffin Experience	\$21		
Evening Guided Kayaking Tour	\$80		
Extended Backcountry Lodge Tour	\$55		
White water Rafting in Denali	\$94		
Extended Stay in Fairbanks	\$80 / night per guest		
"Journey to the Arctic" Tour on June 20	\$449		
Private Single Room Supplement	\$800		
Subtract Deposit, if applicable	(-\$300)		
Total Due by March 1st			

Guests are strongly encouraged to purchase travel insurance. For your convenience, there is a link on the WhaleCoast Alaska website to Travel Guard, a leading travel insurance provider. You can also use a travel insurance comparison website or individual travel insurance company websites.

Acknowledgment and Release: By signing below, I acknowledge and accept the risks involved in my participation in the WhaleCoast Alaska tour. I understand that I am solely responsible for my own safety and for the security of my belongings. I acknowledge that I have read the "Fees and General Information" section of the website. I also understand that tour pictures are used in promotional materials. I agree to allow the use of my photographed and/or videotaped image on the WhaleCoast Alaska website, on promotional DVD's, and in other advertising and promotional material without notification or compensation.

(Signature #1)

(Date)

(Signature #2)

(Date)

Please include check or money order payable to "WhaleCoast Alaska" for deposit. Total payment is due by March 1st. Further information is available at www.WhaleCoastAK.org. If you need additional information, please email (preferred contact method) dfrey@whalecoastak.org. You can also call 907-322-4966. Mail your check to:

**WhaleCoast Alaska
675 Gold Vein Rd.
Fairbanks, AK 99712**

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(Name)

Information below will be used to help us assist you and to match guests with hosts, and single guests with roommates. If you don't know your travel plans, leave that part blank and call us later. **Please answer all other items and type or print carefully.** You may complete this form by printing and mailing it, or by scanning and emailing it. Include a check or money order for your \$300/person nonrefundable deposit. **All payment, including the options you select, is due March 1st.**

☛ **Due to TSA requirements, please check to verify that FIRST, MIDDLE and LAST NAMES are EXACTLY as they appear on your official government-issued ID.**

Guest #1

FULL LEGAL NAME: first/middle/last: _____

Address _____

Email address _____

Birthdate _____ Country of citizenship _____ Gender: M () F () Smoker? Yes () No ()

Phone: _____ (Cell, incl. area code) _____ (Home, incl. area code) _____ (Other, incl. area code)

☛ **Due to TSA requirements, please check to verify that FIRST, MIDDLE and LAST NAMES are EXACTLY as they appear on your official government-issued ID.**

Guest #2

FULL LEGAL NAME: first/middle/last: _____

Address _____

Email address _____

Birthdate _____ Country of citizenship _____ Gender: M () F () Smoker? Yes () No ()

Phone: _____ (Cell, incl. area code) _____ (Home, incl. area code) _____ (Other, incl. area code)

Will you be traveling with friends not listed above? _____

Do you intend to purchase travel insurance? _____ Yes _____ No

For your convenience, Travel Guard insurance links are located on our website, www.WhaleCoastAK.org

Arrival flight (Anc) _____ (Airline) _____ (flight #) _____ (Date and time)

Departure flt. (Fai) _____ (Airline) _____ (_flight #) _____ (Date and time)

Emergency Contact _____ (Name) _____ (Phone #1) _____ (Phone #2)

Emergency contact email _____

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(Name)

Housing & meal arrangements. Please answer these questions that will help match you with hosts. If two persons are using this form, please indicate to whom the answers apply.

Describe dietary needs (vegetarian, food allergies, etc.) _____

Will guests #1 & #2 share a bed? Yes () No () Special requests with beds and/or stairs: _____

Please note below any **medical/safety/mobility** issues (walking limitations, claustrophobia, sleep apnea, seasickness, etc.) **allergies** (pets, dust, insects, medicine, etc.) - If more space is needed, use the back side.

Tour activity selection: At times, you will have a choice of activities during the tour. Please indicate your preferred activity from the choices listed below. There is no extra charge - the activity you select for each day listed below is already included in the tour fee.

June 14 (afternoon):

- _____ Visit to the outstanding Anchorage Museum at Rasmussen Park, located downtown
- _____ Visit to Eagle River Nature Center, featuring several miles of walking trails

June 19 (morning):

- _____ Sleep late, enjoy time with your hosts, and go directly to the service, **OR**
- _____ Gentle 1.5 hour canoe trip to Sunday service

If canoeing, circle experience level: Novice Some experience Can steer canoe in calm water

Please provide any additional information below that you think would assist us in planning your trip.
