



**CONCORDIA UNIVERSITY A CAPPELLA CHOIR IRELAND ADVENTURE  
MAY 13 - 23, 2026**

**INSTRUCTIONS:** Please complete the information below and forward to Carrousel Travel with your deposit as soon as possible. A completed, signed Registration Form is required in order to hold a space on the tour. **DOCUMENTATION:** A valid U.S. passport with validity for 6 months beyond your return is required for all travel. Please ask your travel consultant for assistance if you have questions.

<b>TRAVELER INFORMATION</b>				
(Please type or print)				
TRAVELER NAME: _____				
As shown on Passport		First	Middle	Last
HOME ADDRESS: _____				
Street		City	State	Zip
TELEPHONE: Home: _____		Cell: _____		
(Area Code)		(Area Code)		
EMAIL ADDRESS: _____		TRAVELER BIRTHDATE: _____		

<b>TOUR INCLUSIONS</b>	
<b>May 13-23, 2026 Ireland A Cappella Choir Tour    \$3,800 per person</b>	
Price includes:	
<ul style="list-style-type: none"><li>- Roundtrip airfare from Chicago</li><li>- Nine night's accommodations<ul style="list-style-type: none"><li>4 nights total in Generator Hostel in Dublin</li><li>2 nights in Kinlay Hostel in Galway</li><li>3 nights in Killarney Hotel</li></ul></li><li>- Breakfast daily, five lunches, and five dinners</li><li>- Five concerts</li><li>- Tours and entrances as indicated</li><li>- Transportation and guide throughout</li><li>- The services of a Carrousel Travel host throughout</li><li>- All taxes and fees</li></ul>	
Travel insurance, other entrances or tours not specified as included, or meals not specified as included, are additional.	

<b>PAYMENT INFORMATION</b>	
Please process my non-refundable deposit in the amount of \$500 per person – payment is due by May 1, 2026	
<input type="checkbox"/> I am mailing my deposit check made out to Carrousel Travel	
<input type="checkbox"/> I want to pay my deposit by credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AX	
NOTE – credit card deposits will incur an additional 3.5% fee in addition to your deposit.	
CARD NUMBER: _____	EXP. DATE: _____ SEC. CODE: _____
NAME AS IT APPEARS ON CARD: _____	
SIGNATURE: _____ TODAY'S DATE: _____	

**Please return this completed form with your deposit to:**

**Carrousel Travel  
Attn: CUNE Ireland Choir Tour  
6625 Lyndale Avenue S., Suite 104  
Minneapolis, MN 55423**

**612-798-1439 Phone ♦ 612-866-9644 Fax ♦ [cune@carrouseltravel.com](mailto:cune@carrouseltravel.com) Email**