Washington, D.C.

Go Club Members have priority until June 15, after June 15 non-member registrations are welcome if space is available.

Go Clu	b Member relationship	Bank/Trust _	Investments/Insura	ınce
Traveler 1 Legal Nam	e:		Preferred/nickname: _	
.	(as printed on drive	r's license or passport)		
Date of Birth (mm/dd/ye	ear)	-		
Traveler 2 Legal Nam	e:		Preferred/nickname: _	
Date of Birth (mm/dd/ye	ear)	-		
Address:				
City, State & Zip:				
			e:	
Email address:		Roommate:		
Emergency Contact Nam	e & Number:		Relationship t	to you:
Additional information a	nd signed waiver forms	will be requested to be com	pleted prior to departure.	
Payment Info: Form of Payment	Check	MasterCard	Visa	
			n Date: 3 dig	it code:
			::	
·			the trip:	
		Smoking Room		
	_	_	(cannot be guaranteed)	
			requent guest programs, and	AAA cannot be utilized
· · · · · · · · · · · · · · · · · · ·	•	book friendly tour. (please	check) not to buy the optional insura	anca (planca chack)
I understand traver	ilisurance is available for	an extra cost and choose	not to buy the optional insura	ince. (piease check)
*Membership Policy: Mechecking, savings, CDs, IRA			g relationship with GNB Bank. (Qualifying accounts are
	Ple	ase keep this portion for your	records.	
		rantee your reservation. Ba ole/triple and \$94 for single	lance is due by June 28, 2019 es. Please ask for details.). A Travel Protection
Please make your check	payable to:			
Go Club/GNB Bank Attn: Amanda Grineski P.O. Box 246 Grundy Center, IA 50638 amanda.grineski@gnbba		Go Club/GNB Bank Attn: Laura Kammarmeyer PO Box 439 Manchester, IA 52057 laura.kammarmeyer@qnbl	Attn: k PO Bo Ackley	ib/GNB Bank Kelli Toomsen x 149 , IA 50601 omsen@gnbbank.com

