Washington, D.C.

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

Go Club Member relation	nship Bank/Trust	Investments/Insurance
Traveler 1 Legal Name:(as printed on		Preferred/nickname:
(as printed on	driver's license or passport)	
Date of Birth (mm/dd/year)		
Traveler 2 Legal Name:(as printed on drive	4.5	Preferred/nickname:
Date of Birth (mm/dd/year)		
Address:		
City, State & Zip:		
Home Phone:		
Email address:	Roommate:	
Emergency Contact Name & Number:		Relationship to you:
Additional information and signed waiver forms will be requested to be completed prior to departure.		
Payment Info: Form of Payment Check	MasterCard	Visa
Credit Card Account #:		
Name on Credit Card:		
Special medical needs: (Will need doctor's n		
Anniversaries being recognized with this trip	•	
	Smoking Room	
	King Bed(can	
PLEASE NOTE – Due to the group booking, discounts such as AARP, hotel frequent guest programs, and AAA cannot be utilized		
	, ,	
I have read and understand this is a po		
I understand travel insurance is available	ie for an extra cost and choose not t	to buy the optional insurance. (please check)
*Membership Policy: Membership qualificatio checking, savings, CDs, IRAs, loans, or investment		ationship with GNB Bank. Qualifying accounts are
	Please keep this portion for your recor	rds.
A \$250.00 per person deposit is required to Plan is available for only \$69 for double/trip		e is due by June 28, 2019. A Travel Protection or details.
Please make your check payable to:		
Go Club/GNB Bank Attn: Amanda Grineski P.O. Box 246 Grundy Center, IA 50638	Go Club/GNB Bank Attn: Laura Kammarmeyer PO Box 439 Manchester, IA 52057	Go Club/GNB Bank Attn: Kelli Toomsen PO Box 149 Ackley, IA 50601

