

Hawaii Experience

TOUR REGISTRATION FORM – Please print and complete this form in its entirety.



Go Club Members have priority until September 15, after Sept. 15 non-member registrations will be accepted.
Go Club Member relationship _____ Bank _____ Investments/Insurance

Legal Name: _____ Preferred/nickname: _____
(as printed on driver's license or passport)

Date of Birth (mm/dd/year) _____

Roommate's Legal Name: _____ Preferred/nickname: _____
(as printed on driver's license or passport)

Date of Birth (mm/dd/year) _____

Address: _____

City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____ Roommate: _____

Emergency Contact Name: _____ Phone #: _____ 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 _____ Discover _____

Credit Card Account #: _____ Expiration Date: _____ 3 digit code: _____

Name on Credit Card: _____ Signature: _____

Special medical needs: (Will need doctor's notice) _____

Anniversaries being recognized with this trip or Birthdays *that occur during the trip:* _____

Hotel Requests: Non-smoking Room _____ Smoking Room _____ Handicap Room _____

Two Beds _____ King Bed _____ **(cannot be guaranteed)**

Please keep this portion for your records.

PLEASE NOTE – Due to being a group booking, discounts such as AARP, hotel frequent guest programs, and AAA cannot be utilized. Frequent flyer miles can be earned but need to be requested at time of airport check in. Upgrading seat types using frequent flyer miles and/or requesting special seating during the flight is not usually possible with a group booking.

A \$1000.00 per person deposit is required to guarantee your reservation. Balance is due by November 24, 2017. **Please review the cancellation policy on the Hawaii Experience flyer. If trip cancellations are due to covered medical reasons, refunds (less the cost of travel insurance) are handled by the Travel Insurance Company. For cancellations due to non-medical reasons, penalties or loss of payment will apply.

Please make your check payable to:

Go Club
Attn: Amanda Grineski
PO Box 246
Grundy Center, IA 50638
amanda.grineski@gnbbank.com

OR

Go Club
Attn: Laura Kammarmeyer
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Manchester, IA 52057
laura.kammarmeyer@gnbbank.com

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Attn: Kelli Toomsen
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