

# Pacific Coast Adventure June 19-27

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



**Go Club Members have priority until February 15, after February 15 non-member registrations will be accepted.**

Go Club Member relationship \_\_\_\_\_ Bank/Trust \_\_\_\_\_ Investments/Insurance \_\_\_\_\_

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

Date of Birth (mm/dd/year) \_\_\_\_\_

**Spouse'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.

An \$800.00 per person deposit is required to guarantee your reservation. Balance is due by March 24, 2018. \*\*Please review the cancellation policy on the Pacific Coast Adventure 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.

Credit card payments are processed through Premier World Discovery/Chamber Explorations.

Please make your check payable to:

Go Club  
Attn: Amanda Grineski  
PO Box 246  
Grundy Center, IA 50638  
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