

**First National Bank Travel Club
Extended Trip/Cruise Registration Form**

NAME OF TOUR/CRUISE BOOKED: _____

TOUR/CRUISE DATES: _____

NAME _____
(please print your legal name as it appears on your picture ID or passport)

CELL PHONE NUMBER: _____ EMAIL ADDRESS: _____

NAME(S) PREFERRED ON NAME TAG: FIRST NAME _____ LAST NAME _____

WE HAVE REQUESTED ROOMS BE DOWNSTAIRS, HOWEVER DUE TO CIRCUMSTANCES OUT OF OUR CONTROL, SOME ROOMS MAY BE UPSTAIRS. **CAN YOU STAY IN A ROOM UPSTAIRS IF NEEDED? YES OR NO (CIRCLE ONE)**

NON SMOKING OR SMOKING ROOM. **(CIRCLE ONE PREFERRED)**

PLEASE ENTER YOUR AGE GROUP BELOW: EXAMPLE, 65-69 or 70-75, etc.

MALES: AGE GROUP _____ **FEMALES:** AGE GROUP _____

DO YOU HAVE ANY **SPECIAL DATES** WE MAY RECOGNIZE DURING THE TOUR?

BIRTHDAY(S) NAME MONTH DAY **ANNIVERSARY(S)** NAME MONTH DAY

LIST YOUR BEST EXPERIENCES ON A MOTORCOACH TOUR:

LIST YOUR WORSE EXPERIENCES ON A MOTORCOACH TOUR:

LIST THE REASON(S) YOU SELECTED THIS TOUR:

IF PAYING BY CREDIT CARD, COMPLETE THE FOLLOIING INFORMATION. YOU HAVE PERMISSION TO USE MY CREDIT CARD FOR PAYMENT. AMOUNT AUTHORIZED: \$ _____ (RECOMMEND PUT TOTAL COST OF TOUR)

CREDIT TYPE _____ CREDIT CARD NUMBER _____

EXPIRATION DATE _____ 3 DIGIT SIGNATURE PANELCODE ON REVERSE SIDE _____

AUTHORIZED SIGNATURE _____ DATE _____

EMERGENCY DATA: THIS INFORMATION WILL BE TREATED AS PRIVATE. WE WILL TAKE THIS DATA ON THE TOUR IN THE EVENT OF AN EMERGENCY. PLEASE LIST THE PERSON(S) TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY WHILE ON THE TOUR: (CONSIDER LISTING YOUR DOCTOR(S))

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP
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IS ANYONE TAKING ANY SPECIAL MEDICATIONS WE SHOULD BE AWARE OF? IF YES, PLEASE EXPLAIN:

DOES ANYONE HAVE ANY IMPAIRMENTS OR RESTRICTIONS WE SHOULD BE AWARE OF? IF YES, PLEASE EXPLAIN:

NAME _____ ADDRESS _____
(PERSON COMPLETING FORM)

TELEPHONE NUMBER _____ DATE COMPLETED _____