

TRAVEL REGISTRATION FORM



MOUNTAIN WEST BANK™

SUMMIT CLUB

800-775-1889

Member FDIC



Flathead
TRAVEL SERVICE, Inc.

800-223-9380 Kalispell or
800-338-8785 Helena

Date: _____

Tour Name: _____

Registration Helena Great Falls Missoula

Location: Bozeman Kalispell Whitefish

(MARK APPROPRIATE BOX ABOVE)

Legal Name: _____
Nickname: _____
Legal Name: _____
Nickname: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone(s): _____ Cell: _____

E- Mail: _____

Room Type		<input type="checkbox"/> Handicap Room
<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Smoking
<input type="checkbox"/> Triple	<input type="checkbox"/> Non-Smoking	
Roommate(s): _____		

**Note: All handicapped rooms are on request only.
All seating needs are at the airline's discretion.**

As a participant on this trip, you are able to get on and off of all forms of transportation. You may be required to walk long distances and in some cases encounter cobblestones, uneven surfaces, step climbing and standing for long periods of time. Escorts on this trip will not be able to provide special assistance to passengers. If you are a person that requires special assistance, please make arrangements to be accompanied by a person capable of providing that assistance.

Emergency Contact Information:	
Name: _____	
Relationship: _____	
Phone(s): _____	Cell: _____

Date of Birth: _____ Month/Day/Year
Gateway: _____ (If different than registration location marked.)

Total # Registered: _____

Complete both if registering traveling companion also.

Do you have..... (circle one)

Name tag Yes No

Luggage tag Yes No

Special Assistance required in airport or on tour?

Yes No

If yes, what type? _____

If applicable, I will provide my own wheelchair, scooter, etc.

TRAVEL INSURANCE	
Inclusion of travel insurance varies by trip. Review flyer for details. Initial to indicate your choice.	
_____ YES, trip insurance is included in the trip.	Date of Birth: _____ Month/Day/Year
_____ Trip insurance is NOT included in the trip. YES I wish to purchase trip insurance for \$_____ per person.	Date of Birth: _____ Month/Day/Year
_____ NO, trip insurance is NOT included in the trip and I don't want to purchase it.	

PASSPORT INFO - <u>International trips only</u>	
Attach photocopy of passport to registration.	
Do you have a current international passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number: _____	Date Issued: _____
DOB: _____	Expiration: _____

Yes No

Please add my name to Flathead Travel Services mailing list to notify me of other travel offers.

Yes No

Please send me additional information about how I can become a Mountain West Bank Summit Club member.

(Circle one)

I hereby consent to the use of film, videotape, or photographs of me for promotional purposes by Mountain West Bank or Flathead Travel Services.

Signature of traveler: _____

Date: _____

NOTES: _____

Paid Via Cash/Check/Credit Card/Debit Customer Acct.	
<input type="checkbox"/> Cash _____	<input type="checkbox"/> Debited Account #: _____
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card: VISA MC AMEX DISC
Amount: \$ _____	(circle one) Date: _____

Name of person taking registration:	
Bookkeeping Only:	
<input type="checkbox"/> Built	Date: _____
<input type="checkbox"/> Invoiced	Initials: _____