

TRAVEL REGISTRATION FORM

SUMMIT CLUB



MOUNTAIN WEST BANK

Member FDIC



Flathead
TRAVEL SERVICES, LLC

Date: _____ Tour Name: _____

MWB Branch: Helena Great Falls Missoula
 Bozeman Kalispell Whitefish
 (Please CHECK One)

Gateway: _____
 (Note if Gateway is different than Branch checked)

1) Legal Name: _____ Male Female
 Nickname: _____ Date of Birth: _____
 2) Legal Name: _____ Male Female
 Nickname: _____ Date of Birth: _____

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'll provide my own wheelchair, scooter, etc.

Note: All handicapped rooms are on request only. All seating needs are at the airline's discretion. Mountain West Bank and/or Flathead Travel Services has no control over accommodations provided by third parties and no liability for the failure of a third party to provide such accommodations.

Address: _____
 City: _____ State: _____ ZIP: _____
 Phone(s): _____ Cell: _____
 E-Mail: _____

Room Type
 Single Double Triple Handicap Room
 Smoking Non-Smoking
 Roommate(s): _____

~ As a participant in our travel club, you agree that you are able to get on and off of all forms of transportation. Please be aware that on some trips, you may be required to walk long distances and in some cases encounter cobblestones, uneven surfaces, step climbing, and/or standing for long periods of time.

~ The escorts on this trip will not be able to provide special assistance to travelers. If you are a person that requires special assistance, please make arrangements to be accompanied by a person capable of providing that assistance.

~ Please be aware that qualified service animals may accompany travelers in need of assistance from a qualified service animal.

Inclusion of travel insurance varies by trip. Review flyer for details. **Initial in box below to indicate your choice.**

Yes, trip insurance is **included** in the trip. I have provided the DOB for the travelers on this registration.

No, trip insurance is NOT included in the trip. Please purchase trip insurance for the following person(s) _____.

No, trip insurance is NOT included in the trip. I **DO NOT** wish to purchase it at this time.

Please ATTACH a copy of photo ID for Flights, Cruises, & International Trips

The name on your photo ID and your travel documents must match exactly. To simplify this process, we ask that you **attach a copy of the ID you'll use to pass through security.**

If traveling out of the USA, attach a copy of your passport.

Do you have a passport? Yes No

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

Yes No I hereby consent to the use of film, videotape, or photographs of me for promotional purposes by Mountain West Bank.
 Yes No I hereby consent to add my name and address to Flathead Travel Services mailing list.

Signature of Traveler: _____

Date: _____

NOTES: _____

Payment Type:
 Cash Check # _____ Pmt Amt: \$ _____
 Debited Account # _____ Pmt Date: _____
 Credit Card (circle one) VISA MC AMEX DISC

Person taking travel registration: _____

Bookkeeping Only:
 Built Date: _____
 Invoiced _____ Initials _____