



## KANSAS CITY REGISTRATION FORM

**Trip Cost:** Double \$1350 per person/Single \$1900 per person  
NON REFUNDABLE Deposit \$200 due at registration/Balance due June 1, 2025  
**CASH, CHECK OR DEBIT FROM FSB ACCOUNT ONLY**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_

### **Roommate Information:**

Name: \_\_\_\_\_

### **Medical Information**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Their cellphone #: \_\_\_\_\_ Other phone #: \_\_\_\_\_

Physician's Name & Number: \_\_\_\_\_

Medicine \_\_\_\_\_ Taken for \_\_\_\_\_ Dose: \_\_\_\_\_

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Medicine \_\_\_\_\_ Taken for \_\_\_\_\_ Dose: \_\_\_\_\_

List any allergies: \_\_\_\_\_

List any dietary restrictions: \_\_\_\_\_

*I give permission for First State Bank to use my medical information to provide proper medical care on the KANSAS CITY TRIP scheduled SEPTEMBER 15-19, 2025. I understand that my medical information will be kept in complete confidence and will be shredded upon completion of the trip.*

*I acknowledge that the information I provided is accurate. I understand that my deposit is non-refundable. I understand that if my roommate cancels, my rate will change to a single. I understand that all monies must be paid by the final payment date. if my balance is left unpaid, my reservation will be canceled immediately.*

Signed \_\_\_\_\_

Date: \_\_\_\_\_