



MALL OF AMERICA Registration Form

Trip Cost: Double \$399 per person/Single \$575 per person

PAYMENT AT FULL DUE AT TIME OF REGISTRATION

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: _____

Medicine _____ Taken for _____ Dose: _____

Medicine _____ Taken for _____ Dose: _____

Medicine _____ Taken for _____ Dose: _____

List any allergies: _____

List any dietary restrictions: _____

Optional Sign Ups

- LUNCH FOOD TOUR **\$100** (SIGN UP DEADLINE IS MARCH 12, 2025 FOR THIS TOUR)
- WABASHA STREET CAVES TOUR **\$25**
- FOGAO GAUCHO BRAZILLIAN STEAKHOUSE DINNER **\$100**

I give permission for First State Bank to use my medical information to provide proper medical care on the MALL OF AMERICA TRIP scheduled November 12-14, 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: _____