

## Discount Week Request Form

TWR

Photocopy for future use. Keep a copy of the completed form for your records.  
The completed request form must be received before any reservations can be processed.

**PLEASE PRINT CLEARLY**

Membership # (required): \_\_\_\_\_

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

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

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

Ph.# (H) : (            ) \_\_\_\_\_ Ph.# (W) : (            ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Vacation destination choices:

1<sup>st</sup> \_\_\_\_\_ Dates: \_\_\_\_\_

Unit size \_\_\_\_\_ BDRM                      # of people traveling: Ages 15+ \_\_\_\_\_ 14 & under \_\_\_\_\_ Total \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ Dates: \_\_\_\_\_

Unit size \_\_\_\_\_ BDRM                      # of people traveling: Ages 15+ \_\_\_\_\_ 14 & under \_\_\_\_\_ Total \_\_\_\_\_

Would you like us to assist you with airline reservations or a rental car?    Yes     No

Departure airport: \_\_\_\_\_

You must enclose an \$89 deposit, which will be applied toward the total price of your condominium stay. The remaining fees must be paid at the time GCI contacts you with the confirmation. If we cannot book your request, the \$89 will be returned to you. Total due \$ 89 .

I have enclosed payment\*: Money order or cashier's check

Or charge my credit card: Visa  American Express  MasterCard  Discover

Name on card: \_\_\_\_\_

Credit card #: \_\_\_\_\_

Exp. date: \_\_\_\_\_

Signature: \_\_\_\_\_

Acknowledgment of acceptance of the Terms and Conditions stated in your Membership Guide.  
(Unsigned forms will not be processed.)

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

**(Mail to: GCI, 5320 College Blvd, Overland Park, KS 66211, or FAX to: 913-451-8960)**  
**\*Request forms sent by FAX must be paid by credit card.**