

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:

1st _____ Dates: _____

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

2nd _____ 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.**