



Branson Christmas Registration Form

Trip Cost: Double \$1380 per person/Single \$1669 per person
Deposit \$400 due at registration/Balance due September 28, 2024
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: _____

I give permission for First State Bank to use my medical information to provide proper medical care on the Branson Christmas scheduled November 18, 2024-November 22, 2024. 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: _____

	Premiums	
Tour cost:	Age of traveler:	Premium cost:
\$1501 - \$2000	80+ years of age	\$397 per person
	73-79 years of age	\$272 per person
	65-72 years of age	\$154 per person
	64 or younger	\$101 per person

	Premiums	
Tour cost:	Age of traveler:	Premium cost:
\$1001 - \$1500	80+ years of age	\$290 per person
	73-79 years of age	\$204 per person
	65-72 years of age	\$115 per person
	64 or younger	\$76 per person



Insurance is provided by TravelSafe. To Purchase Insurance, complete the Enrollment Form below or simply call our office. Payments for insurance premiums in the form of checks or money orders should be payable to and mailed to:

**FIRST STATE BANK VISTA CLUB
PO BOX 50
MENDOTA, IL 61342
ATTN: BETH HUBBARD**

TO REPORT CLAIM

Present all claims to the Claim Administrator using one of the methods below:

Online: www.travelsafe.com/claims

Phone: 877-539-6729

Email: travelsafeclaims@cbpinsure.com

Postal: TravelSafe Claims PO Box 26222 Tampa, FL 33623

- ☐ Yes, I would like to purchase Travel Insurance
☐ No; I do not want to purchase Travel Insurance.

Tour Cost per person \$ _____ x _____

Premium per person \$ _____ x _____ (insured's) = \$ _____ (Enclose form with payment)

1st Insured's Legal Name: _____ 1st Insured Date of Birth: ____/____/____

2nd Insured's Legal Name: _____ 2nd Insured Date of Birth: ____/____/____

Address: _____ City: _____ State _____ Zip: _____

Phone: _____

Email: _____

Name of Group you are traveling with: _____

Today's Date: ____/____/____

Trip Dates: Depart: ____/____/____

Return: ____/____/____

Trip Cancellation	up to 100% of the non-refundable insured Trip Cost
Additional Trip Cancellation Reissue fee	up to \$250
Trip Interruption	up to 100% of the non-refundable insured Trip Cost
Traveling Companion Hospitalization	up to \$150 per day, limited to 5 days
Shore Excursions	up to \$500
Return Air Ticket	* \$500 Return air ticket cost only if \$0 Trip Cost displayed for Trip Cancellation on Your confirmation of coverage
Trip Delay	up to \$100 per day, to a maximum of \$1,000 for trip delay 6 hours
Itinerary Change	Available only on TravelsSafe Classic
Frequent Traveler Reward	up to \$150
Single Supplement	Included
Missed Trip Connection	up to \$500
Medical Evacuation and Repatriation of Remains	up to \$100,000
Emergency Medical Evacuation	Included
Medical Repatriation	Included
Repatriation of Remains	Included
Transportation of Children/Child	Included
Bedside Visit Transportation to Join You	Included
Political or Security Evacuation and Natural Disaster Evacuation	up to \$25,000
Baggage & Personal Effects	up to \$500
Passport, Visa or Other Travel Documents Replacement	up to \$50
Credit Card charges and interest	up to \$50
Per Article Limit	\$300
Combined articles limit	\$500 maximum combined
Baggage Delay (12 hours)	up too \$100 up to \$50 to expedite the return
Accident & Sickness Medical and Dental Expense	up to \$35,000
Dental Expense Sublimit	\$750
Non-Insurance Travel Assistance	Included

TRIP CANCELLATION AND INTERRUPTION INSURANCE

Branson Ticket & Travel / First State Bank / Vista Club is not responsible or liable for loss, damage or theft of luggage or personal belongings, or for personal injury, accidents or illness while on tour. We recommend the purchase of trip cancellation and interruption insurance. Insurance is purchased on a per person basis and includes coverage for baggage & travel documents, baggage delay, medical expense, emergency medical transportation, and cancellation of the tour due to illness of yourself, a traveling companion, or a family member. Coverage for pre-existing medical conditions is included if insurance protection is purchased within 14 days of the initial tour deposit/ payment. Insurance coverage is based on the age of traveler at time of travel, the cost of tour, state of residence, and tour destination.

The trip insurance payment is non-refundable and non-transferable.

The coverage starts when the premium is paid and covers the insured traveler through the duration of the tour.