



Trip Reservation Form

All – Inclusive Punta Cana
January 16 – 22, 2021

Name (1) _____ Nickname: _____

Name (2) _____ Nickname: _____

Address: _____

Email: _____

Cell Phone (1): _____ Cell Phone (2): _____

Date of Birth (1): _____ Date of Birth (2) _____

Emergency Contact Name: _____ Cell Phone: _____

Traveling with: _____

Special Requests (dietary, accommodations, wheelchair etc...) _____

Celebration During the tour: _____

Luxury \$2,795 pp _____ Oceanview \$2,895 pp _____ Swim Out \$2,995 pp _____

Payment Information

\$200 Deposit and form due at time of reservation

Final Payment due by: November 1, 2020

Please mail this form along with your payment to: FSB Connect Club - Kathy Leeseekamp
1240 8th Ave Marion IA 52302

Signature: _____ Signature: _____

Date: _____ Date: _____

Kathy Leeseekamp-Connect Club Director (319) 294-2900