5360 College Boulevard, Suite 200

Overland Park, KS 66211

Request Forms sent by FAX must include payment by credit card

1 Provide Your Member Informa	tion	
Name:	Membership Numbe	r:
Address:		
City:	State:	Zip:
Day Phone No: ( )	Evening Phone No: (	)
Email Address:		
2 Provide Guest Information		
Guest Name:		
Address:		
City:	State:	Zip:
Day Phone No: ( )	Evening Phone No: (	)
Email Address:		
3 Provide Guest Information		
Is your guest immediate family?\		
If Yes, the Gift Certificate Fee is waived.		
If No, Gift Certificate Fee is \$200 or one Star Credi Make sure you check the appropriate box on the \		
You must include this Gift Certificat your Value Week Request form.	e Request form when	you send in
4 Send Form		
<b>FAX TO:</b> (913) 451–8960	~OR~ <b>MAIL TO:</b> C	Global Connections, Inc.

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