OKLAHOMA SOONERS - 2018 NATIONAL CHAMPIONSHIP GAME (REV 12/26)

| GROUP LEADER (name as it appears on ID) | | | PACKAGE PRICING | | | | | |
|---|---------------|-----------------|--|-------------|----------|---------|-------------|----------|
| | | | all prices are per person | | | | | |
| | | | Occupancy | Single | Double | Triple | Quad | Child |
| BIRTH DATE | MALE O | FEMALE | 2-Night Packa | ages (Jan 7 | '-9) | | | |
| ADDRECC: | | | Charter Air | \$2,645 | \$1,995 | \$1,795 | \$1,705 | \$1,295 |
| ADDRESS: | | | Land-Only | \$1,795 | \$1,145 | \$945 | \$855 | \$445 |
| CITY: | | | O 2 NIGHT - CHA | ARTER AI | IR (OKC) | 0: | 2 NIGHT - I | LAND-ONL |
| STATE: ZIP CODE: | | | | | | | | |
| PHONE (home): | | | | | | | | |
| (work): | | | Occupancy | | Cost pp | | # | Total |
| (mobile): | | | Single | \$ | | х | \$ | |
| E-MAIL: | | | Double | \$_ | | х | \$ | |
| | | | Triple | \$_ | | x | \$_ | |
| ADDITIONAL TRAVELERS: | | | Quad | \$ | | x | \$ | |
| NAME 2 (name as it appears on ID) | BIRTHDATE | O MALE | Child (2-12) | \$ | | х | \$ | |
| | | O FEMALE | ADD ON: Game Tickets | \$ | | х | \$ | |
| NAME 3 (name as it appears on ID) | BIRTHDATE | <u> </u> | _ | _ | | _ | | |
| | | O MALE O FEMALE | | | GRAN | ND TOTA | \L \$ | |
| NAME 4 (name as it appears on ID) | BIRTHDATE | | *All packages ar | | | | | |
| | | O MALE O FEMALE | will be charged i are advancing. S become null and | Should O | | | | |
| At least 1 person in travel party m cell phone listed. We will be emai due to the short turn an | ling the tour | | PAYMENT | | MATIO | N | | |
| PACKAGE REQUESTS | | | O CHECK C |) AMEX | O DISC | OVER | O M/C | O VISA |
| RoomRequests: OKING OTWOBEDS *All rooms are non-sm | | elavailability) | Amount \$ | | | | | |
| FlightSeatingRequests: | • | | Card # | | | | | |
| AdjacentRoomRequests: | | | Expiration Date CVV Code | | | | | |
| DisabilityRequests: | | | Lapitation Dat | .c | | CV\ | , code | |
| While we will do our best to honor special requests, they are contingent upon airline/hotel availability. | | | Name on Card *Billing Address (if different than above) | | | | | |
| Reservationtakenby: | | | Street | | | | | |
| Date: | Time· | | City | | | State | Z | ip |

Time: _____

Date: _____