OKLAHOMA SOONERS - 2019 NATIONAL CHAMPIONSHIP GAME

GROUP LEADER (name as it app	ears on ID)	
BIRTH DATE		O FEMALE
ADDRESS:		
СІТҮ:		
STATE: ZIP CO	ODE:	
PHONE (home):		
(work):		
(mobile):		
E-MAIL:		
ADDITIONAL TRAVELERS:		
NAME 2 (name as it appears on ID)	BIRTH DATE _	
		O MALE — O FEMALE
NAME 3 (name as it appears on ID)	BIRTH DATE _	
		O MALE — O FEMALE
NAME 4 (name as it appears on ID)	BIRTH DATE	

			ali pi	ices are pe	er person
Occupancy	Single	Double	Triple	Quad	Child
3-Night Packages (Jan 5-8)					
Charter Air	\$2869	\$2499	\$2399	\$2349	\$1999
Land-Only	\$1769	\$1399	\$1299	\$1249	\$899
Same Day Charter (Jan 7)					
Charter Air	\$1499				

O 3 NIGHT - CHARTER AIR **O** 3 NIGHT - LAND-ONLY

PACKAGE PRICING

O GAME DAY CHARTER

all prices are per perce

(work):			Occupancy	Cost pp	#		Total
(mobile):			Single	\$	х	\$	
			Double	\$	x	\$	
-MAIL:			Triple	\$	x	- <u> </u>	
DDITIONAL TRAVELERS:			Quad	\$		- <u> </u>	
IAME 2 (name as it appears on ID) BIRTH DATE		Child (2-12)	\$		- <u>-</u>		
	O MALE - O FEMALE	Game Day	\$		\$		
IAME 3 (name as it appears on ID) BIRTH DATE	BIRTH DATE		ADD ON: Game Tickets	\$	x	\$	
		O MALE - O FEMALE					
IAME 4 (name as it appears on ID) BIRTH DATE			GRA	ND TOTAL	\$		
		O MALE	*All packages are non-refundable once booked				t cards

O FEMALE

At least 1 person in travel party must have an email and cell phone listed. We will be emailing the tour itinerary due to the short turn around time.

PACKAGE REQUESTS

Room Requests: O KING O TWO BEDS (based on hotel availability) *All rooms are non-smoking

Flight Seating Requests:

Adjacent Room Requests: _____

Disability Requests: ____

While we will do our best to honor special requests, they are contingent upon airline/ hotel availability.

Reservation taken by:

will be charged in full once it's determined that the Sooners are advancing to National Championship Game. Should Oklahoma not advance all registrations become null and void.

PAYMENT INFORMATION				
	NEX O DISCOVER	O M/0		
Amount \$				
Card #				
Expiration Date	0	CVV Code		
Name on Card *Billing Address (if different than above)				
Street				
City	State		Zip	

Date: _____

Time: