

2019 OKLAHOMA SEMI-FINAL GAME

GROUP LEADER (name as it appears on ID)

BIRTH DATE _____ MALE FEMALE

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE (home): _____

(work): _____

(mobile): _____

E-MAIL: _____

ADDITIONAL TRAVELERS:

NAME 2 (name as it appears on ID) BIRTH DATE _____

MALE
 FEMALE

NAME 3 (name as it appears on ID) BIRTH DATE _____

MALE
 FEMALE

NAME 4 (name as it appears on ID) BIRTH DATE _____

MALE
 FEMALE

PACKAGE REQUESTS

Room Requests: KING 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: _____

Date: _____ Time: _____

PACKAGE PRICING

GAME DAY CHARTER

\$1045 per person

Per Person \$ _____ x _____ \$ _____

GRAND TOTAL \$ _____

***All packages are non-refundable once booked.**

PAYMENT INFORMATION

CHECK AMEX DISCOVER M/C VISA

Amount \$ _____

Card # _____

Expiration Date _____ CVV Code _____

Name on Card _____

***Billing Address (if different than above)**

Street _____

City _____ State _____ Zip _____