

Orange Bowl Game Halftime Performance - Dec 27th - 31st - Miami Registration Form

Name: _____ School: _____

Phone Number: _____ E-mail: _____

Please indicate which pricing package you (**ALL STAR TEAM MEMBER**) have chosen by placing a check mark in one of the boxes below:

- | Package + Airfare | Package Only |
|--|--|
| Quad Rate: <input type="checkbox"/> \$2,139 (4 Nights) | Quad Rate: <input type="checkbox"/> \$1,449 (4 Nights) |
| Triple Rate: <input type="checkbox"/> \$2,233 (4 Nights) | Triple Rate: <input type="checkbox"/> \$1,543 (4 Nights) |
| Double Rate: <input type="checkbox"/> \$2,420 (4 Nights) | Double Rate: <input type="checkbox"/> \$1,730 (4 Nights) |
| Single Rate: <input type="checkbox"/> \$2,980 (4 Nights) | Single Rate: <input type="checkbox"/> \$2,290 (4 Nights) |

Do you plan to room with anyone?

- Yes – Please list your name and the names of those you plan to room with:
- 1) _____ 2) _____
- 3) _____ 4) _____

Will any of your family members be purchasing a package to attend the trip with you?

- No
- Yes – Please list your family members' names and indicate their pricing package below.
- 1) _____ 2) _____
- 3) _____ 4) _____

- | Package + Airfare | Package Only |
|--|--|
| Quad Rate: <input type="checkbox"/> \$2,039 (4 Nights) | Quad Rate: <input type="checkbox"/> \$1,349 (4 Nights) |
| Triple Rate: <input type="checkbox"/> \$2,133 (4 Nights) | Triple Rate: <input type="checkbox"/> \$1,443 (4 Nights) |
| Double Rate: <input type="checkbox"/> \$2,320 (4 Nights) | Double Rate: <input type="checkbox"/> \$1,630 (4 Nights) |
| Single Rate: <input type="checkbox"/> \$2,880 (4 Nights) | Single Rate: <input type="checkbox"/> \$2,190 (4 Nights) |

Payment #1 – Deposit: DUE TUESDAY, AUGUST 30TH

*\$150.00 Deposit for **All Star***

All Star Deposit = \$150.00

*\$150.00 Deposit for each **Family/Non-performers***

\$150.00 X # of non-performers = \$ _____

Total Amount enclosed = \$ _____

Payment Method

- CASH
 CHECK
 CREDIT CARD (No AMEX)
 MONEY ORDER

***PLEASE NOTE:** Payment #1 must be submitted with this registration form. Payment #2 (50% per person package cost due or \$650.00 per person minimum is due 9/30/16. Payment #3 is due 11/11/16 and will be the remainder of the balance. If you would like to authorize automatic payment on your credit card for Payments #2 and #3 please check the box.

Authorization for payment by credit card on Monday, 9/30/2016 and 11/11/2016

Credit Card # _____ Expiration Date: ____/____ 3-Digit Code _____

Name of Card Holder: _____ Billing Address: _____

Signature _____

