

4501 Fairway Avenue, North Little Rock, AR 72216 | 501-812-0006 | www.oceanextreme.com

Travel Agreement

Please Read, Complete and Return Mail to: 4501 Fairway Ave, North Little Rock, Arkansas, 72116 or FAX to: 501-812-0007

| Destination: Cozumel, | Mexico Sunscape | Sabor Resort or | ut of Little Rock |
|---|--|--|---|
| Dates of travel: Octob | er 13-20, 2018 | | |
| Name: Please print your full I | name <u>(i<i>ncluding middle</i>)</u> as i | t appears on your Passport (<u>Pas</u> | sport required for all destinations) |
| Address: | | | |
| City: | | State: | Zip: |
| Phone: Cell) | Wk) | Hm) | |
| Email) | | Date of Birth | nonth day year |
| Passport # | Passport expiration date | | |
| American Airlines frequences American Airlines frequences Andrew Properties Andrew Properties Amount: \$100. | tate- <u>\$1739 .00</u> Dive New Diver or Non Dive | or or non diver out of interest of interes | Little Rock nase tickets) |
| FINAL PAYMENT D Please note the payme final payments with th premium travel opportu payments are complet confirmed until deposit understand and agree w Please protect you your request and | nt structure regard teir according date nity at the best valual tely non-refundable is received. Please a tith the above payment tur investment to | ding deposits, installm s. This schedule is necessive pricing. Please reme e. All reservations are reaffix your signature starts after the structure and cancent travel insurance | essary to ensure a ember all deposits and not considered ating that you llation notice. |
| jour request with | winwys inginty | - Commonwow | |
| Signature: | | Date: | |