Terry Hunter Presents ““THE IMAGINE NO MUSIC FESTIVAL"

Destination Punta Cana, Dominican Republic

Dates: Thursday, August 13 to Monday, August 17, 2020

Email Travel Request Form To: awesometravel30@gmail.com

|  |
| --- |
| Lead Traveler Information |
| Traveler First & Last Name**Exactly as it appears on passport** |  |
| Country of citizenship |  |
| Passport issuer |  |
|  Passport number/Expiration Date |  |
| E-mail Address |  |
| Mobile Number |  |
| Age/Date of Birth |  |
| Delivery/Mailing address |  |
|  |
|  |
|  | **Companion’s Information (1)** |
| Companion’s First & Last Name**Exactly as it appears on passport** |  |
| Country of citizenship |  |
| Passport issuer |  |
| Passport number/Expiration Date |  |
| E-mail Address |  |
| Mobile Number |  |
| Relationship to Traveler 1 |  |
| Age/Date of Birth |  |
| Delivery/Mailing address |  |
|  |
|  |

**\*\*\*\*\*\* IMPORTANT\*\*\*\*\***

IF YOU ARE SHARING GUEST ROOM ACCOMMODATIONS, AND WE ARE ARRANGING YOUR FLIGHT ARRANGEMENTS:

* BOTH PARTIES MUST ORGINATE/DEPART OUT OF THE SAME CITY/DESTINATION
* BOTH PARTIES MUST ARRIVE/DEPART ON THE SAME DATE/DAY
* BOTH PARTIES MUST PROVIDE THEIR INITIAL DEPOSITS AT THE SAME TIME
* BOTH PARTIES INFORMATION MUST BE SUBMITTED ABOVE

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|  |  |
| --- | --- |
|  | **Flight, Ground Transfers & Special Request** |
| **Will you need assistance booking your flight arrangements?**Yes or No?**(Required Field** |  |
| What City/Country/Airport are planning to fly out of?**(Required Field)** |  |
| Do you or your traveling companion have any physical/health challenges? |  |
| Do you or your traveling companion have any dietary restrictions? |  |
| Do you or your traveling companion have a preferred airline carrier? |  |
| Do you or your traveling companion have a preferred airline Frequently Flyer #? |  |
| **Tell us when you plan to arrive?*** 08/12/2020 – Wednesday
* 08/13/2020 – Thursday
* 08/14/2020 – Friday
 |  |
| **Tell us when you plan to depart?*** 08/14/2020 – Friday
* 08/15/2020 – Saturday
* 08/16/2020 – Sunday
* 08/17/2020 - Monday
 |  |
| Please provide emergency contact name & number |  |

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|  |  |
| --- | --- |
| **DOUBLE OCCUPANCY?** **(Two People Per Room):** | **RESORT ACCOMMMODATIONS** |
| **2-Nights/3-Days?****3-Nights/4-Days?****4-Nights/5-Days?** **(Required Field)** |  |
| **SINGLE OCCUPANCY?** **(Two People Per Room):** | **RESORT ACCOMMMODATIONS** |
| **2-Nights/3-Days?****3-Nights/4-Days?****4-Nights/5-Days?****(Required Field)** |  |
|  | **SELECT ROOM CATEGORY** |
| **SELECTE ROOM CATERGORY**Junior Suite?Superior?Junior Suite Oceanfront Premium Level?Suite Ocean Front Premium Level? **(Required Field)** |  |
| **Bed Type?** One King Bed or 2- Double Beds**(Required Field)** |  |
| **ARE YOU PLANNING TO ATTEND?** |  **“THE IMAGINE NO MUSIC FESTIVAL"** |
| Yes?No?Maybe? |  |

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|  |  |
| --- | --- |
|  | **Credit Card/Payment Information** |
| Are you planning to pay via Credit Card?Yes or No**(Required Field)**Someone from Awesome Travel will contact you to obtain your credit card information. PLEASE DO NOT Include CC #. |  |
| Are you planning to pay Via?Zelle ChaseQuick Pay\*CASH APP\*PayPal\*A fee may apply when paying for CASH APP, or PayPal  |  |
| Name as it appears on your Credit Card |  |
| **Deposit/Payments:** INITIAL DEPOSIT (DUE IMMEDIATELY): $110.99 Per Person, based on Double Occupancy$110.998 per guest room, based on Single Occupancy**FINAL PAYMENT** Will be due on or before Tuesday, June 22, 2020 NO EXCEPTIONS! |  |
| **Signature**This is authorization giving Awesome Travel permission to accept and apply deposit/payments on my behalf |  |
| Please provide emergency contact (name & number) |  |