

Application (Please Print)

Mail to: University Beach Club 600 West 28th Street Suite # 102 Austin, Tx. 78705 or FAX (24 hrs. a day) to: (512) 469-0399

Legal Last Name: _____ Legal First Name: _____ Male Female

Current Phone # (____) _____ Home Phone # (____) _____ e mail: _____

Current Mailing Address: _____ Apt./Room # _____

City: _____ State: _____ Zip Code: _____ University: _____ Birth Date: __/__/__

Credit Card Billing Address: _____ Apt./Room # _____

City: _____ State: _____ Zip Code: _____

Roommates: 1. _____ 2. _____ 3. _____ 4. _____ Group Name (if applicable): _____

Trip Code: First Choice: _____ Second Choice: _____

Acapulco Hotels: First Choice: Park Royal All-Inclusive Resort Playa Suites All-Inclusive Resort Playa Suites Resort (No Meals) Casa Inn

Second Choice: Park Royal All-Inclusive Resort Playa Suites All-Inclusive Resort Playa Suites Resort (No Meals) Casa Inn

Vallarta Hotels: First Choice: Allegro Occidental All-Inclusive Resort Pelicanos All-Inclusive Resort

Second Choice: Allegro Occidental All-Inclusive Resort Pelicanos All-Inclusive Resort

Puerto Plata Hotels: First Choice: Grand Flamenco All-Inclusive Resort Caribbean Village All-Inclusive Resort

Second Choice: Grand Flamenco All-Inclusive Resort Caribbean Village All-Inclusive Resort

Number of Roommates: 4 per room 3 per room 2 per room

Deposit: Check Mastercard/Visa Amex Discover **\$100 Deposit per person** (Non-refundable, but counts toward balance.)

Credit Card Number: _____ Expires: _____ Cardholder's Name: _____

I have read the Terms and Conditions and I fully understand them. Final payment is due on February 6, 2006.

Make Checks payable to University Beach Club.

Signature: x _____ **Date:** _____



sales rep #
