

Tour: _____

Departure Date: _____

Group Name: _____

Group Number: _____



For Reservations Contact: _____

Deposit Amount: \$ _____
Travel Protection Plan: \$ _____
Total Amount Enclosed: \$ _____
Final Payment Due By: _____

| | | |
|--|---|---|
| PAYMENT INFORMATION | Make Checks Payable To: _____ | _____ Single _____ Twin _____ Guaranteed Share* |
| | Mail Deposit To: _____ | Deck: <input type="checkbox"/> Jewel <input type="checkbox"/> Sapphire <input type="checkbox"/> Diamond |
| | _____ | Category Code: _____ (example: BA) |
| | _____ | Category: _____ (example: Balcony Suite) |
| | Mail Final Payment To: _____ | We will make every effort to accommodate your preference of cabin category. All cabins are on a first come first serve basis. |
| | _____ | Requested cabin # _____ 2 nd Preference # _____ |
| Credit Card #: _____ Exp. Date: _____ | <input type="checkbox"/> One Bed <input type="checkbox"/> Two Beds | |
| Cardholder Name & Billing Address: _____ | <small>*Mayflower's Guaranteed Share Program is available on Standard Suites and Balcony Suites only.</small> | |
| _____ | | |
| _____ | | |

IMPORTANT: Please print your name EXACTLY as it appears on your passport.
We require a copy of your passport 120 days prior to departure.

| | |
|-------------------------|---|
| YOUR INFORMATION | Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____ <small>(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)</small> |
| | Address: _____ City: _____ State: _____ Zip Code: _____ |
| | Phone: _____ Cell: _____ Email Address: _____ |
| | Passport Number: _____ Date of Issue: _____ Date of Expiration: _____ |
| | Issue City, State, Country: _____ Citizenship: _____ |
| | Date of Birth: _____ Place of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Emergency Contact: _____ Relationship: _____ Phone: _____ |

| | |
|---------------------|---|
| ROOMING WITH | Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____ <small>(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)</small> |
| | Address: _____ City: _____ State: _____ Zip Code: _____ |
| | Phone: _____ Cell: _____ Email Address: _____ |
| | Passport Number: _____ Date of Issue: _____ Date of Expiration: _____ |
| | Issue City, State, Country: _____ Citizenship: _____ |
| | Date of Birth: _____ Place of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Emergency Contact: _____ Relationship: _____ Phone: _____ |

Please advise your departure airport for this tour: _____ Mayflower Air Writing Own Air