Tour: Group Name:				Mayflower	
	servations Contact:		·		- CRUISES & TOURS
	IMPORTANT: Please prin or Passport you will be usin	5	rrections, afte	r final payment due o	•
YOUR INFORMATION	(Mr., Mrs., Rev)	(Print your name EXACTLY as	it appears on your REA	L ID or PASSPORT)	fix: Nickname: (Jr., Sr.)
			-		e: Zip Code:
	Phone:	Cell:		Email Address:	
	Date of Birth:	Gender: 🗅 Male 🗅 Female 🖸		Global Entry/TSA #:	
	Emergency Contact: Relationsh Please provide contact information of person not traveling with you.			ship: Phone:	
ROOMING WITH	Salutation: First: (Mr., Mrs., Rev)	Middle: (Print your name EXACTLY as			fix: Nickname:
	Address:	Ci	ty:	Stat	e: Zip Code:
	Phone:	Cell:		Email Address:	
	Date of Birth:	Gender: 🗅 Ma	ale 🗳 Female	Global Entry/TSA #:	
	Emergency Contact:			ship:	Phone:
	Please provide	e contact information of person not traveling	g with you.		
	Please advise your departure airport for this tour:				□ Mayflower Air  □ Writing Own Air
PAYMENT INFORMATION	Make Checks Payable To: _			Single <sup>-</sup>	Twin Guaranteed Share
	Mail Deposit To:			🗅 One Bed 🗔 🗎	rwo Beds
	Mail Final Payment To:			🗅 Yes 🗅 No	ers Protection Plan:
	Credit Card #:			Travel Protection F	Plan: \$
	Security Code:			Total Amount Enclo	osed: \$
	Cardholder Name & Billing Address:			Final Payment Due By:	