Tour: Group Name:			Departure Date:	Mayflower CRUISES & TOURS
For Reservations Contact:			Tadayla Datay	
	or Passport you will be usin	g at the airport. Name corre	appears on the government is ections, after final payment due ditional fees being assessed.	•
YOUR INFORMATION	(Mr., Mrs., Rev) Address: Phone: Date of Birth: Emergency Contact:	(Print your name EXACTLY as it ap City: Cell: Gender: □ Male	St Email Address: Female Global Entry/TSA #: Relationship:	ate: Zip Code:
ROOMING WITH	(Mr., Mrs., Rev) Address: Phone: Date of Birth: Emergency Contact:	(Print your name EXACTLY as it a City: Cell: Gender: □ Male	ppears on your REAL ID or PASSPORT) St Email Address: Female Global Entry/TSA #: Relationship:	uffix: Nickname: (Jr., Sr.) ate: Zip Code: Phone:
	Please advise your departure a	irport for this tour:		☐ Mayflower Air ☐ Writing Own Air
PAYMENT INFORMATION	Mail Deposit To: Mail Final Payment To: Credit Card #:	Exp. Date:	Purchasing Trave Purchasing Trave Yes No Deposit Amount: Travel Protection Total Amount End	_ Twin Guaranteed Share Two Beds elers Protection Plan: \$ Plan: \$ closed: \$ ue By:
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