

Tour: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group Number: \_\_\_\_\_



For Reservations Contact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

<b>PAYMENT INFORMATION</b>	Make Checks Payable To: _____	_____ Single    _____ Twin    _____ Guaranteed Share*
	Mail Deposit To: _____	<b>Stateroom Category</b>
	_____	<input type="checkbox"/> Riviera Deck (CAT E) <input type="checkbox"/> Riviera Deck (CAT D)
	_____	<input type="checkbox"/> Vista Deck (CAT C) <input type="checkbox"/> Vista Deck (CAT B)
	Mail Final Payment To: _____	<input type="checkbox"/> Horizon Deck <input type="checkbox"/> Grand Balcony Suite
	_____	<input type="checkbox"/> Owners Suite
Credit Card #: _____ Exp. Date: _____	We will make every effort to accommodate your preference of cabin category. All cabins are on a first-come, first-serve basis.	
Cardholder Name & Billing Address: _____	Requested cabin # _____ 2 <sup>nd</sup> Preference # _____	
_____	<input type="checkbox"/> One Bed <input type="checkbox"/> Two Beds	
_____	*Mayflower's Guaranteed Share Program is available on the Riviera, Vista and Horizon Decks standard staterooms only.	

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

<b>YOUR INFORMATION</b>	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: _____

<b>ROOMING WITH</b>	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