

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: \_\_\_\_\_

Mail Deposit To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail Final Payment To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name & Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Single \_\_\_ Twin \_\_\_ Guaranteed Share\*

**Stateroom Category**

- Riviera Deck (CAT E)       Riviera Deck (CAT D)
- Vista Deck (CAT C)       Vista Deck (CAT B)
- Horizon Deck       Grand Balcony Suite
- Owners Suite

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<sup>nd</sup> Preference # \_\_\_\_\_

- One Bed     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.

**YOUR INFORMATION**

Salutation: \_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_ Nickname: \_\_\_\_\_  
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)

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:  Male  Female

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**ROOMING WITH**

Salutation: \_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_ Nickname: \_\_\_\_\_  
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)

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:  Male  Female

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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