

Tour: _____

Departure Date: _____

Group Name: _____

Group Number: _____



For Reservations Contact: _____

Purchasing Travelers Protection Plan:
 Yes No
Deposit Amount: \$ _____
Travel Protection Plan: \$ _____
Total Amount Enclosed: \$ _____
Final Payment Due By: _____

IMPORTANT: Please print your name EXACTLY as it appears on your passport. We require a copy of your passport within two (2) weeks of making your reservation. Name corrections, after final payment due date or after tickets have been issued, will result in additional fees being assessed. Please note that Mayflower requires proof of vaccination against COVID-19, travelers must be fully vaccinated a minimum of 14 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: _____ Global Entry/TSA #: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: Male Female

Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

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: _____ Global Entry/TSA #: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: Male Female

Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

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

PAYMENT INFORMATION

Make Checks Payable To: _____
 Mail Deposit To: _____

Mail Final Payment To: _____

Credit Card #: _____
 Security Code: _____ Exp. Date: _____
 Cardholder Name & Billing Address: _____

_____ Single _____ Twin _____ Guaranteed Share*
*Only available on Inside Cabins

_____ One bed _____ Two beds

Cabin Preference
First Choice Inside Outside Balcony
Second Choice Inside Outside Balcony

We will make every effort to accommodate your cabin category preference at the time of booking. It is suggested that you show your first and second choice of cabin categories. If requested cabin category is not available, the next available category will be offered and the supplemental amount will be added or deducted. Limited space on each cabin category, all cabins are on a first come first serve basis.