

Tour: _____ Departure Date: _____

Group Name: _____ Group Number: _____



For Reservations Contact: _____

| | | |
|------------------------------------------|---------------------------------------|--------------------------------------------------------------------|
| PAYMENT INFORMATION | Make Checks Payable To: _____ | ___ Single ___ Twin ___ Guaranteed Share |
| | Mail Deposit To: _____ | <input type="checkbox"/> One Bed <input type="checkbox"/> Two Beds |
| | _____ | |
| | Mail Final Payment To: _____ | Deposit Amount: \$ _____ |
| | _____ | Travel Protection Plan: \$ _____ |
| | Credit Card #: _____ Exp. Date: _____ | Total Amount Enclosed: \$ _____ |
| Cardholder Name & Billing Address: _____ | Final Payment Due By: _____ | |
| _____ | | |
| _____ | | |
| _____ | | |

IMPORTANT: Please print your name EXACTLY as it appears on your government issued photo ID. Name corrections, after final payment due date or after tickets have been issued, will result in additional fees being assessed

| | |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YOUR INFORMATION | 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: _____ |
| | Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Emergency Contact: _____ Relationship: _____ Phone: _____ |
| | _____ |

| | |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ROOMING WITH | 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: _____ |
| | Date 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