Tour:		Group Number:		Mayflower		
Group I	Name:				_	& TOURS
For Reservations Contact:					Departure Date(s)	:
					_ □	
					_	
PAYMENT INFORMATION	Make Checks Payable To: _			Single	Twin Guarante	eed Share
	Mail Deposit To:			☐ One Bed	☐ Two Beds	
	Mail Final Payment To:			Deposit Amount: \$ Travel Protection Plan: \$		
					Enclosed: \$	
	Credit Card #:	•	te:		nt Due By:	
	Cardholder Name & Billing A					
	We r	: Please print your name equire a copy of your pa	ssport 120 da	ys prior to dep	arture.	
YOUR INFORMATION	Salutation: First: (Mr., Mrs., Rev)	Middle:(Please pri	Last: _ nt EXACTLY as it appea	ars on Passport)	Suffix: Nickname:	
	Address:	Ci	ty:		_ State: Zip Code: _	
	Phone:	Cell:	Email Ac	ddress:		
		Date of Issue:				
	Issue City, State, Country:				•	
	Date of Birth: P Emergency Contact:					
ROOMING WITH	Salutation: First:	Middle	l act·		Suffix: Nickname:	
	(Mr., Mrs., Rev)	(Please pri	nt EXACTLY as it appea	ars on Passport)	(Jr., Sr.)	
	Address:					
		ne: Cell: Esport Number: I				
	Issue City, State, Country:				•	
	Date of Birth: P				•	
	Emergency Contact:		Relation	ship:	Phone:	

☐ Mayflower Air ☐ Writing Own Air

Please advise your departure airport for this tour: _