

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

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

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

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



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

One Bed  Two Beds

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.

**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