

Tour: _____

Departure Date: _____

Group Name: _____

Group Number: _____



For Reservations Contact: _____

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

One Bed Two Beds

Purchasing Travelers Protection Plan:
 Yes No

Deposit Amount: \$ _____

Travel Protection Plan: \$ _____

Total Amount Enclosed: \$ _____

Final Payment Due By: _____