	Name:		Mayflower
			CRŪISES & TOURS
	vithin two (2) weeks of making your reservat	CTLY as it appears on your passport. We require a tion. Name corrections, after final payment due davill result in additional fees being assessed.	. , ,
YOUR INFORMATION	Address: Cell: Cell: Sasport Number: Issue City, State, Country: Place of Birth: Place of Birth:	Last: Suffix:   Suffix:   (Jr.   City: State:   Date of Suffix:   Global Entry/TSA #:   Greater of Suffix:   State:   State:   Date of Suffix:   State:   State:	Zip Code:  f Expiration:  Citizenship:  ender:
ROOMING WITH	Address: Cell: Phone: Cell:   Passport Number:   Issue City, State, Country:   Date of Birth: Place of Birth:		Zip Code:
	Please advise your departure airport for this tour	r: 🗖 Ma	yflower Air ☐ Writing Own Air
PAYMENT INFORMATION	Make Checks Payable To:  Mail Deposit To:  Mail Final Payment To:  Credit Card #: Exp. Date: Cardholder Name & Billing Address:	Purchasing Travelers P  Yes No  Deposit Amount: \$  Travel Protection Plan:  Total Amount Enclosed  Final Payment Due By:	rotection Plan:  \$ : \$