| Tour: Group Name: | Departure Date: Group Number: | - Mayflower CRUISES & TOURS |
|---------------------------|----------------------------------|--------------------------------|
| 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.

| YOUR INFORMATION | Salutation: First: (Mr., Mrs., Rev) | Middle: | Last: ase print EXACTLY as it appear | Suffix:Nickname: |
|------------------|----------------------------------------------|--------------------------------------|-----------------------------------------|---------------------------------------|
| | | | | State: Zip Code: |
| | Phone: | Cell: | Email Ad | dress: |
| | Passport Number: | port Number: Date of | | ssue: Date of Expiration: |
| | Issue City, State, Country:0 | | Global Entr | ry/TSA #: Citizenship: |
| | Date of Birth: Pl | ace of Birth: | | Gender: 🗅 Male 🗅 Female |
| | Emergency Contact: Please provide | contact information of person not tr | | ship: Phone: |
| | | | | |
| ROOMING WITH | Salutation:First: | Middle: | Last: | rs on Passport) Suffix:Nickname: |
| | | | | State: Zip Code: |
| | | | | dress: |
| | | | | ssue: Date of Expiration: |
| | Issue City, State, Country: Global Entry/TSA | | ry/TSA #: Citizenship: | |
| | Date of Birth: Pl | ace of Birth: | | Gender: 🗅 Male 🗅 Female |
| | Emergency Contact: Relation | | | ship: Phone: |
| | | | avoing with you. | |
| | Please advise your departure ai | rport for this tour: | | Dayflower Air D Writing Own Air |
| | Make Checks Payable To: _ | | | Single Twin Cuarantood Share |
| | Mail Deposit To: | | | Single Twin Guaranteed Share |
| | | | | One Bed Two Beds |
| RMATION | | | | Purchasing Travelers Protection Plan: |
| | Mail Final Payment To: | | | I Yes I No |
| С С | | | | Deposit Amount: \$ |
| PAYMENT INI | | | | Travel Protection Plan: \$ |
| | Credit Card #: Security Code: | | | Total Amount Enclosed: \$ |
| | Cardholder Name & Billing A | | | Final Payment Due By: |
| | Caranolael Name a Dining A | | | |
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