

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: \_\_\_\_\_