

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

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

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

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



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

Deposit Amount: \$ \_\_\_\_\_

Travel Protection Plan: ☐ Yes ☐ No

Cruise price up to \$5000 \$ \_\_\_\_\_

Cruise price \$5001 and up \$ \_\_\_\_\_

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: \_\_\_\_\_ 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\*

Deck: ☐ Jewel ☐ Sapphire ☐ Diamond

Category Code: \_\_\_\_\_ (example: BA)

Category: \_\_\_\_\_ (example: Balcony Suite)

We will make every effort to accommodate your preference of cabin category. All cabins are on a first come first serve basis.

Requested cabin # \_\_\_\_\_ 2<sup>nd</sup> Preference # \_\_\_\_\_

☐ One Bed ☐ Two Beds

\*Mayflower's Guaranteed Share Program is available on Standard Suites and Balcony Suites only.