

Tour: _____

Departure Date: _____

Group Name: _____

Group Number: _____



For Reservations Contact: _____

IMPORTANT: Please print your name EXACTLY as it appears on the government issued photo ID, REAL ID or Passport you will be using at the airport. 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) (Print your name EXACTLY as it appears on your REAL ID or PASSPORT) (Jr., Sr.)

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email Address: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female Global Entry/TSA #: _____

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) (Print your name EXACTLY as it appears on your REAL ID or PASSPORT) (Jr., Sr.)

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email Address: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female Global Entry/TSA #: _____

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: \$ _____

____ Roommate Deposit Included

Travel Protection Plan: \$ _____

Total Amount Enclosed: \$ _____

Final Payment Due By: _____