

Tour: _____

Departure Date: _____

Group Name: _____

Group Number: _____



For Reservations Contact: _____

Deposit Amount: \$ _____
____ Roommate Deposit Included
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

Stateroom Category

- Riviera Deck (CAT E) Riviera Deck (CAT D)
- Vista Deck (CAT C) Vista Deck (CAT B)
- Horizon Deck Grand Balcony Suite
- Owners 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 # _____ 2nd Preference # _____

- One Bed Two Beds

*Mayflower's Guaranteed Share Program is available on the Riviera, Vista and Horizon Decks standard staterooms only.