

Tour: _____

Departure Date: _____

Group Name: _____

Group Number: _____



For Reservations Contact: _____

PAYMENT INFORMATION

Make Checks Payable To: _____

Mail Deposit To: _____

Mail Final Payment To: _____

Credit Card #: _____ Exp. Date: _____

Cardholder Name & Billing Address:

___ Single ___ Twin ___ Guaranteed Share

One Bed Two Beds

Deposit Amount: \$ _____

Travel Protection Plan: \$ _____

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 120 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: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: Male Female

Emergency Contact: _____ Relationship: _____ Phone: _____

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: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: Male Female

Emergency Contact: _____ Relationship: _____ Phone: _____

Please advise your departure airport for this tour: _____ Mayflower Air Writing Own Air