

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 Real ID or Passport. 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: _____

Date 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: _____

Date of Birth: _____ Gender: Male Female

Emergency Contact: _____ Relationship: _____ Phone: _____

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