Tour: _		Departure Date:	- Mayflowor
Group I	Name:		- Mayflower
For Res	servations Contact:		
(2) v	weeks of making your reservation. Name of in additional fees being assessed. Please	Y as it appears on your passport. We require a corrections, after final payment due date or after note that Mayflower requires proof of vaccinated a minimum of 14 days prior to departu	er tickets have been issued, will ation against COVID-19, travelers
YOUR INFORMATION	Address:	ddle:Last:Si (Please print EXACTLY as it appears on Passport) City:State	ate:Zip Code:
	Passport Number: Issue City, State, Country: Place of Birth: Place of Birth:	Email Address: Date of Issue: Global Entry/TSA #: Relationship: of person not traveling with you.	Date of Expiration: Citizenship: Gender: □ Male □ Female
ROOMING WITH	Address: Cell: Phone: Cell: Passport Number: Issue City, State, Country: Date of Birth: Place of Birth:	ddle:Last:SiSiState	ate: Zip Code: Date of Expiration: Citizenship:
	Please advise your departure airport for this to	our:	☐ Mayflower Air ☐ Writing Own Air
PAYMENT INFORMATION	Make Checks Payable To: Mail Deposit To: Mail Final Payment To: Credit Card #: Exp. Date Cardholder Name & Billing Address:	Purchasing Trave Purchasing Trave Yes No Deposit Amount: Travel Protection Total Amount End	_ Twin Guaranteed Share Two Beds elers Protection Plan: \$ Plan: \$ closed: \$ ue By: