Tour: _		Departure Date	Mayflower
Group Name:		Group Number	Mayflower CRUISES & TOURS
For Res	servations Contact:		
	veeks of making your reservation. Name of		ort. We require a copy of your passport within two due date or after tickets have been issued, will ssed.
YOUR INFORMATION	Salutation: First: Mi	ddle:Last:	Passport) Suffix: Nickname:
			State:Zip Code:
			SS:
	Passport Number:	Date of Issu	e: Date of Expiration:
~ ≥	Issue City, State, Country:	Global Entry/T	'SA #: Citizenship:
YOU			Gender: □ Male □ Female
	Emergency Contact: Please provide contact information	Relationship of person not traveling with you.	: Phone:
ROOMING WITH	Address: Cell: Phone: Cell: Passport Number: Issue City, State, Country: Date of Birth: Place of Birth:	City: Email Addre Date of Issu Global Entry/T	Suffix:Nickname:State:Zip Code: ss: e:Date of Expiration:
	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 #: Security Code: Exp. Da Cardholder Name & Billing Address:	F	Single Twin Guaranteed Share One Bed Two Beds Purchasing Travelers Protection Plan: Yes No Deposit Amount: \$ Travel Protection Plan: \$ Total Amount Enclosed: \$ Final Payment Due By: