Today's Date:			
Tour:		Departure Date:	Mayflower CRUISES & TOURS
Group Name:		Group Number:	
		Deposit Amount: \$	
For Reservations Contact:		Travel Protection Plan Yes	Up to \$5,000: \$499 TPP No \$5,001 - \$10,000: \$569 TPP \$10,001 - \$12,000: \$799 TPP
		Travel Protection Plan: \$	\$12,001 – \$15,000: \$999 TPP
		Total Amount Enclosed: \$	
		Final Payment Due By:	\$20,001- \$25,000: \$1,579 TPP \$25,001 - \$30,000: \$2,099 TPP
1 2		your passport. We require a copy of your pass e or after tickets have been issued, will result in	
Salutation: First:	Middle [.]	Last: Suff	x. Nickname

YOUR INFORMATION	(Mr., Mrs., Rev)	LAST: (Please print EXACTLY as it appears on Passport)	Suffix: Nickname:
	Address:	City:	State: Zip Code:
	Phone: Cell:		
	Passport Number:		
	Issue City, State, Country:		
	Date of Birth: Place of Birth:		
r	Emergency Contact:		
	Please provide contact information of person	on not traveling with you.	
	Salutation: First: Middle:	l act.	Suffix: Nickname
HT	Salutation:First: Middle:	(Please print EXACTLY as it appears on Passport)	(Jr., Sr.)
	Address:	City:	State: Zip Code:
5	Phone: Cell:	Email Address:	
ROOMING	Passport Number:	Date of Issue:	Date of Expiration:
Ď	Issue City, State, Country:	Global Entry/TSA #:	Citizenship:
8	Date of Birth: Place of Birth:		Gender: 🗅 Male 🗅 Female
	Emergency Contact:	Relationship:	Phone:
	Please provide contact information of person	on not traveling with you.	
	Please advise your departure airport for this tour:		🗅 Mayflower Air 🗅 Writing Own Air
	Make Checks Payable To:	Single	Twin
	Mail Deposit To:	3	
FORMATION	·	Deck Numl	ber: 🖬 03 🖾 04 🖾 05 🖾 06
		Category C	Code: (example: D)
	Mail Final Payment To:		
5		Category:	(example: Oceanview Stateroom)
		We will mak	e every effort to accommodate your
	Credit Card #:		of cabin category. All cabins are on a
	Security Code: Exp. Date:	first come fir	st serve basis.
	Cardholder Name & Billing Address:		
		Requested	cabin # 2 nd Preference #
		One Bed	I 🖵 Two Beds