Tour: Group Name:	Departure Date: Group Number:	CRUISES & TOURS
For Reservations Contact:		

IMPORTANT: Please print your name EXACTLY as it appears on your passport. We require a copy of your passport within two (2) weeks of making your reservation. Name corrections, after final payment due date or after tickets have been issued, will result in additional fees being assessed.

z	Salutation: First: Middle:	Last:Suffix:Nickname: (Please print EXACTLY as it appears on Passport) (Jr., Sr.)
YOUR INFORMATION		City: State: Zip Code:
	Phone: Cell:	Email Address:
	Passport Number:	Date of Issue: Date of Expiration:
	Issue City, State, Country:	Global Entry/TSA #: Citizenship:
	Date of Birth: Place of Birth:	Gender: 🗅 Male 🗅 Female
	Emergency Contact:	Relationship: Phone:
ROOMING WITH	Salutation: First: Middle:	(Please print EXACTLY as it appears on Passport) Suffix: U.I., Sr. Nickname:
		City: State: Zip Code:
		ensi: Email Address: etato: =,p eeee:
		Date of Issue: Date of Expiration:
		Global Entry/TSA #: Citizenship:
	Date of Birth: Place of Birth:	Gender: 🗅 Male 🗅 Female
	Emergency Contact: Please provide contact information of persor	Relationship: Phone:
	Prease provide contact information or person	n not u aveining with you.
	Please advise your departure airport for this tour:	D Mayflower Air D Writing Own Air
	Make Checks Payable To:	Single Twin Guaranteed Share
NOL	Mail Deposit To:	
		One Bed I Two Beds
		Purchasing Travelers Protection Plan:
RMATI	Mail Final Payment To:	· · · · · · · · · · · · · · · · · · ·
FOR		Deposit Amount: \$
PAYMENT INI		Travel Protection Plan: \$
	Credit Card #: Exp. Date:	
AΥΝ	Cardholder Name & Billing Address:	Final Payment Due By:
D		·