

Tour: _____ Departure Date: _____

Group Name: _____ Group Number: _____



For Reservations Contact:

Deposit Amount: \$ _____

Travel Protection Plan ___ Yes ___ No

Travel Protection Plan: \$ _____

Total Amount Enclosed: \$ _____

Final Payment Due By: _____

Western Leisure Travel Insurance ___

Cruise & Air Price

\$5,000 – \$7,500: \$999 TPP
\$7,501 – \$9,999: \$1,099 TPP
\$10,000 – \$12,000: \$1,299 TPP
\$12,001 – \$15,000: \$1,499 TPP
\$15,001 – \$17,000: \$1,699 TPP
\$17,001 – \$20,000: \$1,799 TPP
\$20,001 – \$25,000: \$2,079 TPP
\$25,001 – \$30,000: \$2,599 TPP

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.

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: _____

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: _____
Please provide contact information of person not traveling with you.

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: _____

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: _____
Please provide contact information of person not traveling with you.

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

PAYMENT INFORMATION

Make Checks Payable To: _____

Mail Deposit To: _____

Mail Final Payment To: _____

Credit Card #: _____

Security Code: _____ Exp. Date: _____

Cardholder Name & Billing Address: _____

___ Single ___ Twin

Deck Number: 03 04 05 06

Category Code: _____ (example: D)

Category: _____

(example: Oceanview Stateroom)

We will make every effort to accommodate your preference of cabin category. All cabins are on a first come first serve basis.

Requested cabin # _____ 2nd Preference # _____

One Bed Two Beds

