Today's	s Date:		Martinuo	
Tour: Group Name:		Departure Date:	Mayflower	
For Reservations Contact:		Deposit Amount: \$		
		Travel Protection Plan Yes	Up to \$5,000: \$499 TPP	
		Travel Protection Plan: \$	\$10,001 – \$12,000: \$799 TPP	
		Total Amount Enclosed: \$	\$15.001 – \$17.000: \$1.199 TPF	
		Final Payment Due By:	\$20,001- \$25,000: \$1,579 TPF	
	DRTANT: Please print your name EXACTLY as it appears ur reservation. Name corrections, after final payment due			
YOUR INFORMATION	Salutation: First: Middle: Middle:	Last:Suffii (Please print EXACTLY as it appears on Passport)	x:Nickname:	
	Address:	City: State	:: Zip Code:	
	Phone: Cell:			
	Passport Number:	Date of Issue: Da	te of Expiration:	
	Issue City, State, Country:			
	Date of Birth: Place of Birth:		Gender: ☐ Male ☐ Female	
	Emergency Contact:  Please provide contact information of person	Relationship:	Phone:	
ROOMING WITH	Salutation: First: Middle:	Last: Suffi	x: Nickname:	
	Address:         City:         State:         Zip Code:           Phone:         Cell:         Email Address:			
	Passport Number:			
	Issue City, State, Country:			
	Date of Birth: Place of Birth:			
	Emergency Contact:			
	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:   Single Twin			
	Mail Deposit To:	5	win	
	Mail Bopook 10.	Deck Number: □ 0	3 🗆 04 🗅 05 🗅 06	
		Category Code:	(example: D)	
	Mail Final Payment To:	Category		
			example: Oceanview Stateroom)	
		vve will make every t	effort to accommodate your	
	Credit Card #:		preference of cabin category. All cabins are on a	
	Security Code: Exp. Date:	first come first serve	basis.	
	Cardholder Name & Billing Address:		2 <sup>nd</sup> Preference #	
		One Bed 🖵 T	wo Beds	
		<del></del>		