

Tour: _____

Departure Date: _____

Group Name: _____

Group Number: _____



For Reservations Contact: _____

PAYMENT INFORMATION	Make Checks Payable To: _____	___ Single ___ Twin ___ Guaranteed Share
	Mail Deposit To: _____	<input type="checkbox"/> One Bed <input type="checkbox"/> Two Beds

	Mail Final Payment To: _____	Deposit Amount: \$ _____
	_____	Travel Protection Plan: \$ _____
	Credit Card #: _____ Exp. Date: _____	Total Amount Enclosed: \$ _____
Cardholder Name & Billing Address:	Final Payment Due By: _____	

IMPORTANT: Please print your name EXACTLY as it appears on Real ID or Passport. 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: _____ <small>(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)</small>
	Address: _____ City: _____ State: _____ Zip Code: _____
	Phone: _____ Cell: _____ Email Address: _____
	Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Emergency Contact: _____ Relationship: _____ Phone: _____

ROOMING WITH	Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____ <small>(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)</small>
	Address: _____ City: _____ State: _____ Zip Code: _____
	Phone: _____ Cell: _____ Email Address: _____
	Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Emergency Contact: _____ Relationship: _____ Phone: _____

Please advise your departure airport for this tour: _____ <input type="checkbox"/> Mayflower Air <input type="checkbox"/> Writing Own Air
