				re:	Mayflower	
			Group Numbe	r:	CRUISES & TOURS	
For Res	servations Contact:					
	Maka Chaska Payahla Ta			Singlo	vin Guaranteed Share	
PAYMENT INFORMATION	Make Checks Payable To:			☐ One Bed ☐ Tv		
	Mail Final Payment To:			Deposit Amount: \$ Travel Protection Pla Total Amount Enclos		
	Credit Card #: Exp. Date: Cardholder Name & Billing Address:			Final Payment Due By:		
IMI		after tickets have beer	n issued, will resu	It in additional fees		
YOUR INFORMATIC	(Mr., Mrs., Rev)	(Please	(Please print EXACTLY as it appears on Passport)		(Jr., Sr.)	
			-		z Zip Code:	
	Phone: Cell: Email Address:           Date of Birth: Gender: □ Male □ Female					
	Emergency Contact:		Relationship:		Phone:	
ROOMING WITH						
	(Mr., Mrs., Rev)	(Please	print EXACTLY as it appears of	on Passport)	C: Nickname:	
			-		Zip Code:	
		Cell: Email Address:				
				p:	Phone:	

Please advise your departure airport for this tour: \_

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