

Tour: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group Number: \_\_\_\_\_



For Reservations Contact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Today's Date: \_\_\_\_\_

**IMPORTANT:** Please print your name EXACTLY as it appears on the government issued photo ID, REAL ID or Passport you will be using at the airport. 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) (Print your name EXACTLY as it appears on your REAL ID or PASSPORT) (Jr., Sr.)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender:  Male  Female Global Entry/TSA #: \_\_\_\_\_  
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) (Print your name EXACTLY as it appears on your REAL ID or PASSPORT) (Jr., Sr.)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender:  Male  Female Global Entry/TSA #: \_\_\_\_\_  
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 \_\_\_\_ Guaranteed Share  
 One Bed  Two Beds  
Purchasing Travelers Protection Plan:  
 Yes  No  
Deposit Amount: \$ \_\_\_\_\_  
Travel Protection Plan: \$ \_\_\_\_\_  
Total Amount Enclosed: \$ \_\_\_\_\_  
Final Payment Due By: \_\_\_\_\_