Tour:			Depa	arture Date:	- Mayflower
			Grou	p Number:	CRUISES & TOURS
For Re	servations Contact:				
PAYMENT INFORMATION	Make Checks Payable To				e Twin Guaranteed Share
	Mail Final Payment To: _	nal Payment To:		Deposit Ar	mount: \$ tection Plan: \$ unt Enclosed: \$
	Credit Card #: Security Code: Cardholder Name & Billin	Exp. Date:			nent Due By:
	ORTANT: Please print your name vation. Name corrections, after fin	al payment due date or af	on your passport. W	/e require a copy of you	r passport within two (2) weeks of making your additional fees being assessed. Please note that hinimum of 14 days prior to departure.
YOUR INFORMATION					Suffix: Nickname:
	Address:		City:		State: Zip Code:
	Phone:	Cell:	E	Email Address:	
	Passport Number:		[	Date of Issue:	Date of Expiration:
	Issue City, State, Country: _				Citizenship:
	Date of Birth:	Place of Birth:			Gender: 🗅 Male 🗅 Female
	Emergency Contact:		F	Relationship:	Phone:
ROOMING WITH	(Mr., Mrs., Rev)		(Please print EXACTLY	as it appears on Passport)	Suffix: Nickname:
			-		State: Zip Code:
	Phone:	Cell:	E	Email Address:	
	Passport Number:		[	Date of Issue:	Date of Expiration:
	Issue City, State, Country: _				Citizenship:
					Gender: ☐ Male ☐ Female
	Emergency Contact:		F	Relationship:	Phone:

☐ Mayflower Air ☐ Writing Own Air

Please advise your departure airport for this tour: \_