

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

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

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

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



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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT:** Please print your name EXACTLY as it appears on your passport. We require a copy of your passport within two (2) weeks of making your reservation. Name corrections, after final payment due date or after tickets have been issued, will result in additional fees being assessed.

<b>YOUR INFORMATION</b>	Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____ <small>(Mr., Mrs., Rev)</small> <small>(Please print EXACTLY as it appears on Passport)</small> <small>(Jr., Sr.)</small>
	Address: _____ City: _____ State: _____ Zip Code: _____
	Phone: _____ Cell: _____ Email Address: _____
	Passport Number: _____ Date of Issue: _____ Date of Expiration: _____
	Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____
	Date of Birth: _____ Place of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Emergency Contact: _____ Relationship: _____ Phone: _____ <small>Please provide contact information of person not traveling with you.</small>

<b>ROOMING WITH</b>	Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____ <small>(Mr., Mrs., Rev)</small> <small>(Please print EXACTLY as it appears on Passport)</small> <small>(Jr., Sr.)</small>
	Address: _____ City: _____ State: _____ Zip Code: _____
	Phone: _____ Cell: _____ Email Address: _____
	Passport Number: _____ Date of Issue: _____ Date of Expiration: _____
	Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____
	Date of Birth: _____ Place of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Emergency Contact: _____ Relationship: _____ Phone: _____ <small>Please provide contact information of person not traveling with you.</small>

Please advise your departure airport for this tour: \_\_\_\_\_  Mayflower Air  Writing Own Air

<b>PAYMENT INFORMATION</b>	Make Checks Payable To: _____	_____ Single _____ Twin _____ Guaranteed Share
	Mail Deposit To: _____	<input type="checkbox"/> One Bed <input type="checkbox"/> Two Beds
	_____	Jordan Extension Yes No
	_____	Purchasing Travelers Protection Plan:
	Mail Final Payment To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	Deposit Amount: \$ _____
	Credit Card #: _____	Travel Protection Plan: \$ _____
	Security Code: _____ Exp. Date: _____	Total Amount Enclosed: \$ _____
	Cardholder Name & Billing Address:	Final Payment Due By: _____
	_____	