Tour:Group Name:				
			Group Number:	
For Res	servations Contact:			
PAYMENT INFORMATION	Credit Card #: Security Code: Cardholder Name & Billing	Exp. Date:	Deposit Amount: Travel Protection Total Amount En	_ Twin Guaranteed Share  I Two Beds  \$  Plan: \$  closed: \$  ue By:
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YOUR INFORMATION	(Mr., Mrs., Rev)  Address:  Phone:  Date of Birth:	(Print your name EXACTLY (		(Jr., Sr.) tate: Zip Code:
>	Emergency Contact:		Relationship:	Phone:
ROOMING WITH	(Mr., Mrs., Rev)  Address:	(Print your name EXACTLY	Last:S as it appears on your REAL ID or PASSPORT)  City:S  Email Address:	(Jr., Sr.) tate: Zip Code:

Please advise your departure airport for this tour: \_

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