

RESERVATION FORM – EMERALD RIVER CRUISING



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 at the time of initial reservation or no later than two (2) weeks after making your reservation. Name corrections, after final payment due date, or after tickets have been issued, will result in additional fees being assessed.

Today's Date: _____

YOUR INFORMATION: (Please print your name **EXACTLY** as it appears on your passport)

Salutation (Mr., Mrs., Rev): _____

First: _____ Middle: _____ Last: _____ Suffix: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email Address: _____

Passport Number: _____ Date of Issue (m/d/y): _____ Date of Expiration (m/d/y): _____

Place of Issue (Authority): _____ Nationality: _____ Global Entry/TSA # _____

Date of Birth (m/d/y): _____ Place of Birth: _____ Gender: Male Female

Passport photo page attached/included with reservation form.

EMERGENCY CONTACT: (Please provide contact information of person **NOT** traveling with you)

Name: _____ Relationship: _____

Cell Phone #: _____ Home Phone #: _____

AIR AND ROOMING INFORMATION:

Departure airport: _____ Mayflower Air Writing Own Air

Food Allergies or Special Dietary Requirements: Yes No

Are you bringing a Sleep Apnea Machine: Yes No

Are you bringing any Mobility Aids: Yes No

(If you checked YES to any of the above, you are required to fill out the corresponding information form.)

ROOM CATEGORY:

Single Double (Select one bed or two beds) Guaranteed Share*

*Mayflower's Guaranteed Share Program is available on the Riviera, Vista and Horizon Decks standard staterooms only.

STATEROOM CATEGORY:

Riviera Deck (CAT E) Riviera Deck (CAT D) Vista Deck (CAT C) Vista Deck (CAT B) Horizon Deck

Grand Balcony Suite Owners Suite

Requested Cabin #: _____ 1st Preference #: _____ 2nd Preference #: _____ 3rd Preference #: _____

We will make every effort to accommodate your preference of cabin category. All cabins are on a first come first reserve basis.

Rooming with: _____ **Please complete separate reservation form for traveling companion.**

PAYMENT INFORMATION:

By placing a deposit, you understand and accept the terms and conditions of Mayflower Cruises and Tours and Scenic Group. For details of the Scenic Group terms please visit <https://www.emeraldcrucises.com/terms-conditions>

Purchasing Travelers Protection Plan (TPP) \$569: Yes No

Deposit Amount: \$ _____ + Travelers Protection Plan: \$ _____ = Total Amount Enclosed: \$ _____

Final Payment Due By: _____ Make Checks Payable To: _____

Mail Deposit To: _____ City: _____ State: _____ Zip Code: _____

Mail Final Payment To: _____ City: _____ State: _____ Zip Code: _____

CREDIT CARD INFORMATION:

If you would like to make your deposit by credit card, please provide the information to Tourcy who will make your payment directly to Mayflower. VISA, MC, and Discover are accepted.