Tour: Sedona's Red Rocks and Grand Canyon

Departure Date: April 21, 2024

Group Name: D.L.Evans Bank Premier Club

Group Number: 1064503

Mayflower CRUISES & TOURS

For Reservations Contact: D.L. Evans Bank Premier Club

Amy Evans 208-327-5400

Brecka Byers 208-327-7850

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: ____ (Mr., Mrs., Rev) First: _____ Middle: _____ Last: _____ (Print your name EXACTLY as it appears on your REAL ID or PASSPORT) Suffix: ____ (Jr., Sr.) Nickname: _____

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: ____ (Mr., Mrs., Rev) First: _____ Middle: _____ Last: _____ (Print your name EXACTLY as it appears on your REAL ID or PASSPORT) Suffix: ____ (Jr., Sr.) Nickname: _____

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: Mayflower Cruises and Tours

Mail Deposit To: Mayflower Cruises and Tours
650 Warrenville Rd. Suite 500
Lisle, IL 60532

Mail Final Payment To: SAME A S AB OVE

MC, VISA & DISC accepted

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: $450pp

Travel Protection Plan: $INCLUDED

Total Amount Enclosed: $_____

Final Payment Due By: Feb 19, 2024