

RESERVATION FORM – WORLD HOLIDAYS



Tour: London and Paris Discovery Departure Date: 09/01/2027

Group Name: Univ of West Georgia Alumni Group Number: 1175987

For Reservations Contact: Kristy McAdams 770-550-1032 kmcadams@westga.edu

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)

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

Salutation (Mr., Mrs., Rev): _____ Preferred name on nametag: _____

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: No Yes

Are you bringing a Sleep Apnea Machine: No Yes

Are you bringing any Mobility Aids: No Yes

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

ROOM CATEGORY:

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

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.

Purchasing Travelers Protection Plan (TPP): Yes No

Travelers Protection Plan Amount: \$449.00pp

Deposit Amount: \$250.00pp + Travelers Protection Plan: \$ _____ = Total Amount Enclosed: \$ _____

Final Payment Due By: 6/3/2027 Make Checks Payable To: Mayflower Cruises and Tours

Mail Payment To: Univ of west Georgia Alumni 1601 Maple Street City: Carrollton State: GA Zip Code: 30118

CREDIT CARD INFORMATION:

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