

Tour: Greek Islands & Turkish Coastlines

Departure Date: July 18, 2025

Group Name: Chester County Chamber of Commerce

Group Number: 1236619



For Reservations Contact:  
chesterchamber@gmail.com or  
803-581-4142

Deposit Amount: \$ 500 per person

Travel Protection Plan  Yes  No

Travel Protection Plan: \$ \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

Final Payment Due By: March 14, 2025

**Cruise & Air Price**

\$5,000 – \$7,500: \$499 TPP  
\$7,501 – \$9,999: \$599 TPP  
\$10,000 – \$12,000: \$799 TPP  
\$12,001 – \$15,000: \$999 TPP  
\$15,001 – \$17,000: \$1,199 TPP  
\$17,001 – \$20,000: \$1,299 TPP  
\$20,001 – \$25,000: \$1,579 TPP  
\$25,001 – \$30,000: \$2,099 TPP

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.

**YOUR INFORMATION**

Salutation: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)

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:  Male  Female

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Please provide contact information of person not traveling with you.

**ROOMING WITH**

Salutation: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)

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:  Male  Female

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Please provide contact information of person not traveling with you.

Please advise your departure airport for this tour: Charlotte, NC (CLT)  Mayflower Air  Writing Own Air

**PAYMENT INFORMATION**

Make Checks Payable To: Mayflower Cruises & Tours

Mail Deposit To: Mayflower Cruises & Tours, ATTN: Group Sales Department, 650 Warrenville Road, Suite 500, Lisle, IL 60532

Mail Final Payment To: Mayflower Cruises & Tours, ATTN: Group Sales Department, 650 Warrenville Road, Suite 500, Lisle, IL 60532

**\*\*MC, VISA & DISC accepted\*\***

Credit Card #: \_\_\_\_\_

Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name & Billing Address: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

Single  Twin

Deck Number:  03  04  05  06

Category Code: \_\_\_\_\_ (example: D)

Category: \_\_\_\_\_ (example: Oceanview Stateroom)

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

Requested cabin # \_\_\_\_\_ 2<sup>nd</sup> Preference # \_\_\_\_\_

One Bed  Two Beds