

# RESERVATION FORM – EMERALD RIVER CRUISING



Tour: Sensations of the Seine & Normandy with Paris

Departure Date: 5/12/2027

Group Name: Citizens Tri-County Bank

Group Number: 1199074

For Reservations Contact: Laura Barker

E-mail: lbarker@ctcbonline

Phone: 423-949-2173

**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\***

\*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 #: \_\_\_\_\_ 1<sup>st</sup> Preference #: \_\_\_\_\_ 2<sup>nd</sup> Preference #: \_\_\_\_\_ 3<sup>rd</sup> 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>

Deposit Amount: \$400 pp

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

Total Amount Paid: \$ \_\_\_\_\_ (\$400pp - deposit only / \$969pp - deposit and TPP)

Final Payment Due By: January 5, 2027

## CREDIT CARD INFORMATION:

Please provide your credit card information to your group leader who will make your payment directly to Mayflower. VISA, MC, and Discover are accepted.



## SLEEP APNEA MACHINE INFORMATION

Traveler Name: \_\_\_\_\_

Reservation Number: \_\_\_\_\_

Tour Name: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Please provide the following information:

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Select Type: Battery ☐ or Electric ☐

Voltage: \_\_\_\_\_

Size (Height / Width / Length): \_\_\_\_\_

Weight: \_\_\_\_\_

Airflow required per minute: \_\_\_\_\_

**FORMS MUST BE COMPLETED AND RETURNED 90 DAYS PRIOR TO DEPARTURE**

**Please return this completed form to:**

**Mayflower Cruises & Tours**

ATTENTION: International Operations

650 Warrenville Rd., Suite 500

Lisle, IL 60532

OR email the form to: **[optionals@mayflowercruisesandtours.com](mailto:optionals@mayflowercruisesandtours.com)**



**1-800-728-0724**



## MOBILITY INFORMATION AND AIDS

Traveler Name: \_\_\_\_\_

Reservation Number: \_\_\_\_\_

Tour Name: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Please provide the following information:

Type of mobility aid (walking stick, walking frame with or without wheels, collapsible wheelchair, motorized scooter)?: \_\_\_\_\_

How many stairs can the traveler manage?: \_\_\_\_\_

*Please keep in mind that in the case of an emergency, it may be necessary to use the stairs.*

Coaches will have steps which are often steep and narrow. Some tours involve embarking and disembarking several times a day. Does this present an issue for the traveler?

☐ No ☐ Yes: \_\_\_\_\_

How far is the traveler able to walk before needing to rest?: \_\_\_\_\_

*Please keep in mind that some touring does involve long distances without the opportunity to rest.*

Who will be assisting the guest?: \_\_\_\_\_

Any wheelchairs/scooters/walking frames (with or without wheels) must be collapsible, please confirm the aid is collapsible?:

☐ Yes, my aid is collapsible ☐ No: \_\_\_\_\_

Can the guest step over to enter the bath/shower?:

☐ Yes, guest can step over ☐ No: \_\_\_\_\_

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## SPECIAL DIETARY REQUIREMENTS OR ALLERGIES

Traveler Name: \_\_\_\_\_

Reservation Number: \_\_\_\_\_

Tour Name: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Please provide the following information:

1. Do you have a medical allergy? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

2. Do you any food allergies/sensitivities? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

3. Do you have a special diet or diet preferences (diabetic, gluten free, vegan, etc.)? \_\_\_\_\_

4. What reaction may occur to the allergy/food sensitivity? \_\_\_\_\_

5. What is the severity of the allergy/sensitivity? \_\_\_\_\_

6. Does the traveler carry an epi-pen for the allergy? \_\_\_\_\_

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