

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 #: 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.emeraldcrises.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



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 have 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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