

Today's Date: _____



Tour: Christmas Markets Cruise on the Rhine

Departure Date: Nov. 30, 2026

Group Name: Red Carpet Travel

Group Number: 95603

For Reservations Contact: Red Carpet Travel
Cherry Gonnam
815-942-9457
cherry@redcarpettravel.net

Deposit Amount: \$ 400 per person
Travel Protection Plan: Yes No
Cruise price up to \$5000 \$ 499pp
Cruise price \$5001 and up \$ 569pp
Total Amount Enclosed: \$ _____
Final Payment Due By: August 30, 2026

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: ORD Mayflower Air Writing Own Air

PAYMENT INFORMATION

Make Checks Payable To: Red Carpet Travel
Mail Deposit To: Red Carpet Travel
118 East Washington Street
Morris, IL 60450
Mail Final Payment To: SAME AS ABOVE

MC, VISA & DISC accepted
Credit Card #: _____
Security Code: _____ Exp. Date: _____
Cardholder Name & Billing Address:

Single Twin Guaranteed Share

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

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

Requested cabin # _____ 2nd Preference # _____

One Bed Two Beds

*Mayflower's Guaranteed Share Program is available on the Riviera, Vista and Horizon Decks standard staterooms only.