

Tour: Jewels of the Historic Rhine
Group Name: German American Heritage Center & Museum

Departure Date: June 19, 2026
Group Number: 1053025



For Reservations Contact: Blue Horizon Travel, Linda Meadors, Host
309-235-5806
linda@bluehorizon.net

Deposit Amount: \$ 400pp
Travel Protection Plan: Yes No
Cruise price \$5001 and up \$ 569pp
Total Amount Enclosed: \$ _____
Final Payment Due By: March 19, 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: _____ Mayflower Air Writing Own Air

PAYMENT INFORMATION

Make Checks Payable To: Blue Horizon Travel

Mail Deposit To: Blue Horizon Travel
12570 US HWY 150
Orion, IL 61273

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.