

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

One Bed  Two Beds

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