Mayflower™
CRUISES & TOURS
A DIVISION OF THE SCENIC GROUP

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, my guest can step over [ ] No: _____

If you are traveling on an Ocean Cruise, please provide additional information:

Can you get on and off the Zodiac and Tenders via the marine platform unassisted?:

[ ] Yes [ ] No: _____

Can you manage without the use of your mobility aid, if required, for travel to and from the shore?:

[ ] Yes [ ] No: _____

Are you able to walk on uneven surfaces such as rocky and icy terrain?:

[ ] Yes [ ] No: _____

FORMS MUST BE COMPLETED AND RETURNED 120 DAYS PRIOR TO DEPARTURE

Please return this completed form to:

Mayflower Cruises & Tours
ATTENTION: International Operations
650 Warrenville Rd., Suite 500
Lisle, IL 60532

1-800-728-0724

OR email the form to: **optionals@mayflowercruisesandtours.com**