



Sunset Savers  
Travel Advisor

# Tell me what you want...

*What you really, really want*

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Method of Contact: ☐ Phone ☐ Text ☐ E-mail

## TRAVEL DETAILS

Destination(s): \_\_\_\_\_

Departure City: \_\_\_\_\_

Travel Dates: Departure: \_\_\_\_\_ Return: \_\_\_\_\_ Flexible? ☐ Yes ☐ No

Occasion: \_\_\_\_\_ Length of trip. \_\_\_\_ days

(e.g., Vacation, Honeymoon, Business, etc.)

## TRAVELER INFORMATION

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Age(s) of Children: \_\_\_\_\_

Travel Preferences:

- Accommodation Type: ☐ Hotel ☐ Resort ☐ VRBO Other: \_\_\_\_\_
- If Cruise: Inside cabin / Ocean View / Balcony. (may choose multiple options)
- Room Preferences: ☐ 2 Single beds ☐ 1 queen bed ☐ Suite
- Transportation Preferences: ☐ Economy ☐ Business ☐ First Class
- Willing to pay extra to pick seats on flights? ☐ yes ☐ no Preference: ☐ Aisle ☐ Window
- Rental Car Needed? ☐ Yes ☐ No
- Dietary Restrictions or Preferences: \_\_\_\_\_

## ACTIVITIES AND INTERESTS

Please indicate your interests or activities you wish to include in your travel plan:

- |   |   |
|---|---|
| <input type="checkbox"/> Beach time           | <input type="checkbox"/> Adventure/Sports     |
| <input type="checkbox"/> Sightseeing          | <input type="checkbox"/> Relaxation/Spa       |
| <input type="checkbox"/> Cultural Experiences | <input type="checkbox"/> Culinary Experiences |
| <input type="checkbox"/> Nature/Wildlife      | <input type="checkbox"/> Historical Sites     |
| <input type="checkbox"/> Shopping             |   |

Special Requests or Notes:

## BUDGET INFORMATION

Most quotes will be given with mid or moderate pricing so there's always room to add or subtract amenities depending on your preferences.

Estimated Total Budget for Trip:

Budget Preferences: ☐ upper ☐ mid ☐ budget vacation  
(Please indicate any specific budget allocations, e.g., accommodation, flights, activities.)

## INSURANCE AND SAFETY

Interested in Travel Insurance? ☐ Yes ☐ No ☐ Not sure, tell me more

Any medical conditions or accessibility requirements we should be aware of? i.e wheelchair, scooter, no steps

## PLANNING - CHOOSE ALL THAT APPLY

- |  |   |
|--|---|
| <input type="checkbox"/> I hate planning travel  | <input type="checkbox"/> I love having a full itinerary of our trip                             |
| <input type="checkbox"/> I like to pick the place, but then just want to show up       | <input type="checkbox"/> I have no idea where to go or what to do                               |
| <input type="checkbox"/> I'm too busy for all the details, just give me the highlights | <input type="checkbox"/> I like lots of options   |
| <input type="checkbox"/> Tell me everything!   | <input type="checkbox"/> I just need some tips and tricks and then like to plan my own vacation |

## CONSENT AND CONFIRMATION

By submitting this inquiry form, I consent to the collection and use of my personal information for the purpose of travel planning and consultation. I understand that this information will be used to create a travel plan tailored to my preferences and requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

