



TRAVEL INQUIRY

Date Completed:

Name: Email: Phone:

Address:

Vacation Budget: Insurance: ☐ Yes ☐ No (if no, obtain signed waiver)

Number of Adults: Number of Children & Ages:

Dates of Travel: Flexible: ☐ Yes ☐ No Destination:

AIR TRAVEL

Departure City: Airline Preference: (Frequent Flyer Programs):

Seat Preference: ☐ Business Class ☐ Premium ☐ Economy ☐ First Class
☐ Aisle ☐ Middle ☐ Window ☐ Bulkhead ☐ Forward ☐ Wing

CRUISE VACATION

Cruise Preference: (Frequent Cruiser Programs):

Cabin Itinerary: Cruise Length:

Pre and Post Cruise Nights: ☐ Yes ☐ No Cabin Class:

Beverage Plan: ☐ Yes ☐ No Beverage Plan Type:

HOTEL & RESORT VACATION

No. of Nights: No. of Rooms/ Arrangement:

Hotel Preferences (Frequent Guest Programs):

Room: ☐ Standard Room ☐ Garden View ☐ Ocean View/Front ☐ Other:
Features: ☐ All Inclusive ☐ Adults Only ☐ Family Friendly ☐ Concierge Level:
☐ Suite/Jnr Suite ☐ On The Beach ☐ Near City Centre ☐ Kids Club
☐ Near Air/ Cruise Port ☐ Luxury Resort ☐ Activities On-Site ☐ Standard View ☐ Ocean View

CAR RENTAL

Car Preferences (Frequent Renter Programs): Add Ons:

Car Category: ☐ Compact ☐ Mid Size ☐ Full Size ☐ Luxury ☐ Other:

PACKAGE TOUR

Country or Countries of Interest: ☐ Escorted ☐ Independent Activity Level:

OTHER INFORMATION

What hotels have you stayed in and enjoyed?

What cruise lines have you enjoyed before, if any?

What activities do you enjoy when traveling?

NOTES