



**VACATIONS BY  
CB**

# Client Information Form

## Trip Consultation

Name	<input type="text"/>		
DOB	<input type="text"/>	Spouse Name	<input type="text"/>
Address	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>
DOB	<input type="text"/>	Budget \$	<input type="text"/>

### TRIP INFORMATION

**Yes No**

- Travel Insurance  Yes  No
- Are you or anyone traveling in the Military  Yes  No
- Is this a group trip  Yes  No
- Flexible on travel dates \_\_\_\_\_  Yes  No
- Destination Desire \_\_\_\_\_
- Date of Travel \_\_\_\_\_
- Duration of Trip \_\_\_\_\_
- Flight: Morning/Afternoon or Evening \_\_\_\_\_
- Desire Airport \_\_\_\_\_
- Desire Airline \_\_\_\_\_ Flexible
- Booking # \_\_\_\_\_
- Number of Adults \_\_\_\_\_ Children \_\_\_\_\_  
Age of Children \_\_\_\_\_

- |                                       | Yes                   | No                    |
|---------------------------------------|-----------------------|-----------------------|
| 13. Adult Only                        | <input type="radio"/> | <input type="radio"/> |
| 14. All Inclusive Resort              | <input type="radio"/> | <input type="radio"/> |
| 15. Cruise Line Desire _____          |                       |                       |
| 16. Cruise Ship _____                 |                       |                       |
| 17. Room#/Cabin # _____               |                       |                       |
| 18. Port Desire _____                 |                       |                       |
| 19. Passport # _____ Expiration _____ |                       |                       |

## Emergency Contact Information

Name

Phone

Signature \_\_\_\_\_

Date \_\_\_\_\_