



**VACATIONS BY
CB**

Client Information Form

Trip Consultation

Name

DOB

Spouse Name

Address

Phone

Email

DOB

Budget \$

TRIP INFORMATION

Yes No

1. Travel Insurance

2. Are you or anyone traveling in the Military

3. Is this a group trip

4. Flexible on travel dates _____

5. Destination Desire _____

6. Date of Travel _____

7. Duration of Trip _____

8. Flight: Morning/Afternoon or Evening _____

9. Desire Airport _____

10. Desire Airline _____ Flexible

11. Booking # _____

12. 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 _____