Customer Information Form

DATE COMPLETED:



Client Name:			Email:			Phone	Phone:		
								_	
Address: Vacation Budget:			Insurance: Yes No (If no, obtain signed waiver)						
Number of Adults:									
Dates of Travel:								□ No	
Destinations of Intere	oct.						/ic1 103	_ 110	
Destinations of intere									
Air Travel									
All Havel									
Departure City:	e City:			Airline Preference (Frequent Flyer Pr					
Seat Preference:	Preference: Economy Extra L		Room/Premium 🗆 Business Class			☐ First Class ☐ Aisle ☐ Middle			
	☐ Window	□ Bulkhead	☐ Forwai	rd □ Win	ıg				
Cruise Vacation	ı								
Cruise Preferences (F	Frequent Cruiser F	Programs):							
Cruise Preferences (Frequent Cruiser Programs): Cruise Itinerary:									
				Cabin Class:					
Beverage Plan.	res 🗆 No		beverage Pic	an туре					
Hotel and Dece	ut Masstian								
Hotel and Reso	rt vacation								
# of Nights: Hotel Preferences (Frequent G			Guest Program	uest Programs <u>)</u> :			# of Rooms/Arrangement:		
Room: Standard Room Garden Vie		w □ Ocean View/Front		Front	☐ Other:				
Features: ☐ All Inclusive ☐ Adults Only		√ □ Family Friendly		dly	☐ Concierge Level:				
☐ Suite/Jr Suite ☐ On the Be		ach 🔲 Near City Center		nter	☐ Kids Club				
☐ Near Air/Cruise Port ☐ Luxury Res		ort		-Site	☐ Standard	l View	□ Ocean View		
Car Rental									
Car Preferences (Frequent Renter Programs): Add-Ons:									
Car Category: □ C	Compact Mic	l Size ☐ Ful	Size	ury Other					
Package Tour									
Country or Countries	of Interest:			☐ Escorted	□ Ind	lependent	Activity Lev	/el:	
Other Informati	ion					Notes:			
What hotels have you stayed in and enjoyed?					'	NOIES.			
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					_				
What cruiselines and resorts have you enjoyed before, if any?									
vviiat cruiseimes and	resurts flave you	enjoyed belof	z, 11 a11y :		_				
					_				
What activities do yo	u enjoy when trav	elling?			_				
☐ Sightseeing/Hi	story 🗆 Cultu	ıre/Arts □ B	each/Sun	☐ Active/Sports	5				
☐ Wine/Culinary	☐ Shop	ping 🗆 S	ра		_				