



**SPECIAL NEEDS QUESTIONNAIRE**

(Please complete and Submit)

Below are several questions that will provide us with information necessary to make the right and proper recommendation for you specifically. Our understanding of the equipment you want/need for your travel is imperative to you and your companions to realize the best possible experience for your travel. Our goal is to provide an economical and convenient solution for you.

**Mobility:**

1) What type of equipment do you have at home?

---



---



---

2) Do you plan on taking any of your equipment with you? Yes No (Circle)  
If yes, which ones?

- a. \_\_\_\_\_
- b. \_\_\_\_\_

3) Have you planned your trip as yet? If yes,  
If a Cruise: Which Cruise Line, Ship, etc.

- a. \_\_\_\_\_ Cruise Line
- b. \_\_\_\_\_ Specific Ship
- c. \_\_\_\_\_ Dates of travel
- d. \_\_\_\_\_ Cabin #

If a Tour: Which Tour Company

- a. \_\_\_\_\_ Tour Company
- b. \_\_\_\_\_ Tour Name
- c. \_\_\_\_\_ Dates of Travel

Airline Particulars – whether pre planned or needed:

- a. \_\_\_\_\_ Airline or Airline of Preference
- b. \_\_\_\_\_ Airline Itinerary DATES(Flight #'s)

Depart from: \_\_\_\_\_ (City)

Date of departure \_\_\_\_\_ Airline: \_\_\_\_\_ Time \_\_\_\_\_ Flight # \_\_\_\_\_

Arrival Airport \_\_\_\_\_ (City)

Date of Return \_\_\_\_\_ Departure Airport: \_\_\_\_\_

Airline: \_\_\_\_\_ Time \_\_\_\_\_ Flight # \_\_\_\_\_

Will there be a Pre and or Post stay, Hotel or other? Yes or No (Circle)

If yes,

- a. \_\_\_\_\_ Hotel or resort name
- b. \_\_\_\_\_ Dates of stay for PRE stay
- c. \_\_\_\_\_ Hotel or resort name
- d. \_\_\_\_\_ Dates of stay for Post stay
- e. Will you need equipment delivered to your destination? Yes No (Circle)

If yes, which destination or embarkation port preferred? Cruise Only

\_\_\_\_\_ Embarkation Port  
\_\_\_\_\_ Disembarkation Port

**TYPE of Equipment etc. needed: (Check all that apply)**

- \_\_\_\_\_ Mobility
  - \_\_\_ Walkers \_\_\_ Beach Chairs \_\_\_ Wheel Chairs \_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Sight
  - \_\_\_ Braille \_\_\_ Glasses (specify) \_\_\_\_\_
- \_\_\_\_\_ Hearing
  - \_\_\_ Aids or equipment needed (List below)  
\_\_\_\_\_
- \_\_\_\_\_ Health/Meds
  - \_\_\_ Refrigeration \_\_\_ Portable Toilet Other: \_\_\_\_\_
- \_\_\_\_\_ Breathing
  - \_\_\_ CPap [Sleep Apnea] \_\_\_ Oxygen Other: \_\_\_\_\_

**Children's Needs: (Check all that apply)**

- \_\_\_ Diapers \_\_\_ Formula \_\_\_ Stroller \_\_\_ Walkers \_\_\_ Crib \_\_\_ Playpen

**EQUIPMENT SPECIFIC NEEDS (Personal Data)**

Name of Passenger(s) needing service:

1) \_\_\_\_\_ 2) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_ Zip: \_\_\_\_\_

Phone #(s) Home: \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_ (Please print)

Passenger #1: Weight \_\_\_\_\_ Height \_\_\_\_\_

Passenger #2: Weight \_\_\_\_\_ Height \_\_\_\_\_

Will you be travelling with a companion/assistant? Yes No (circle)

Transportation Needs:

Airline Seat Preference: \_\_\_\_\_

Electrical connection onboard Yes No (Circle One)

Auto/ Van with elevator? Yes No (Circle One)

## FOOD NEEDS and/or REQUESTS

Allergies, Gluten Free, Fat Free, Sodium Free, etc.? If yes, please specify:

---

Please list and/or discuss any other needs or concerns not listed above:

---

---

---

When is the best time to contact you? \_\_\_\_\_

Would you prefer phone, e-mail, or other: \_\_\_\_\_?

**We would be THRILLED to help you with your TRAVEL PLANNING IF NOT CONFIRMED OR PREPLANNED as yet: We pride ourselves with the slogan: "Challenge us to meet or beat your Internet Pricing" and "We hope to serve you more than once! Our goal is to provide exemplary service for you and your companion(s) regarding your particular special needs. We would appreciate the opportunity to exceed your expectations. Please complete the questions below and allow us to do that.**

How long do you plan to take for your vacation/trip? \_\_\_ week(s) \_\_\_ days

How many people traveling together? \_\_\_\_\_

Will everyone be traveling the entire trip together? Y or N. Will some be returning earlier or later?

Where do you want to TRAVEL?

---

What are you looking for? An escorted? \_\_\_ Independent? \_\_\_ Hosted? \_\_\_ Other? \_\_\_

What is your approximate budget? \_\_\_\_\_ We will try to get the best value for the money.

What type of accommodations do you prefer? Budget \_ Moderate \_ Deluxe \_ Luxury \_

Room requested: Single \_\_\_ Double \_\_\_ Triple \_\_\_ Quad \_\_\_

Type of beds per room: \_\_\_ King \_\_\_ Queen \_\_\_ 2 beds

Smoking \_\_\_ Non-smoking \_\_\_

Any other preferences regarding the rooms? \_\_\_\_\_

Have you been to the destination before? \_\_\_ Have you already received a quote from somewhere else? \_\_\_

Do you have any brochures? \_\_\_ From which companies did you request them? \_\_\_\_\_

Will frequent flyer miles be used? Y or N Preferred seating? Window Aisle (circle one)

How do you plan on paying for your trip? Credit Card \_\_\_ Cash \_\_\_ Sometimes the credit card companies offer goodies].

Where do you plan to fly from: SFO \_\_\_ SMF \_\_\_ OAK \_\_\_ RENO \_\_\_ Other \_\_\_\_\_

Where do you plan to fly into: \_\_\_\_\_ Alternate airport: \_\_\_\_\_

Are you interested in rail travel in the destination? Yes or No

Are you planning on driving? Yes or No

What kind of an automobile do you prefer? (Circle those that might apply)

Economy, Compact, Mid-sized, Full sized, Luxury, Jeep/SUV, Van

Do they have a preferred supplier that you would want us to check out first: i.e?

Hotel chain \_\_\_\_\_ auto co. \_\_\_\_\_ cruise line \_\_\_\_\_ tour co. \_\_\_\_\_

Will you be including travel insurance? \_\_\_ We can provide information to assist with this in the final analysis.

Please submit any frequent flyer numbers for the various airlines for each passenger if at all possible. Type them out for clarity and send via fax or e-mail or snail mail.

Are there any special needs: Handicapped accessibility? Food concerns etc.?

Please specify \_\_\_\_\_

Are senior rates being requested? \_\_\_ AA Rates? \_\_\_ Union? \_\_\_ Military? \_\_\_ Other? \_\_\_\_\_

**Have you received a quote from any vendor, other agency or the Internet regarding this trip?**

Please include in your statement below..... ALSO,

In a paragraph or two explain what you envision for your vacation experience.....

I.E. Educational, relaxing, adventurous, exploratory – What do you want to see? Do?

---

---

---

---

---

---

---

---

**Remember!**

\*Legal Names for each and every passenger.

\*Passport information should include the expiration date of the passport.

\*Birthdates of each and every passenger are necessary.

\*Preferably only on main contact person for the trip.

\*\* The information is now **REQUIRED** with all airlines and most vendor reservations

\*\*\*\*\*ENTER ANY APPLICABLE **PROMO CODES** HERE: \_\_\_\_\_