



Cordially Yours Travel

QUESTIONNAIRE

What are the names and ages of those traveling? (prefer a copy of their passports).

Name _____ Birth Date** _____

Name _____ Birth Date** _____

Name _____ Birth Date** _____

Names _____ Birth Date** _____

Need contact information for each passenger: (use back of page)

Address: _____ City: _____ State ____ Zip _____

Phone #: _____ CELL _____ FAX _____

E-mail: _____

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

4400 Duncan Hill Rd. Rescue, California 95672

www.cordiallyyourstravel.com or E-mail: info@cordiallyyourstravel.com



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: _____

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