

# Travel Inquiry



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DATE COMPLETED:

CLIENT NAME:  EMAIL:  PHONE:

ADDRESS:

VACATION BUDGET:  INSURANCE: ☐ YES ☐ NO (If no, obtain signed waiver)

NO. OF ADULTS:  NO. CHILDREN AND AGES:

DATES OF TRAVEL:  FLEXIBLE: ☐ YES ☐ NO

DESTINATIONS OF INTEREST:

DEPARTURE CITY:  AIRLINE PREFERENCE (Frequent Flyer Programs):

SEAT PREFERENCE: ☐ ECONOMY ☐ EXTRA LEG ROOM/PREMIUM ☐ BUSINESS CLASS ☐ FIRST CLASS  
☐ AISLE ☐ MIDDLE ☐ WINDOW ☐ BULKHEAD ☐ FORWARD ☐ WING

## CRUISE VACATION

CRUISE PREFERENCES (Frequent Cruiser Programs):

CRUISE ITINERARY:  CRUISE LENGTH:

PRE AND POST CRUISE NIGHTS: ☐ YES ☐ NO CABIN CLASS:

BEVERAGE PLAN: ☐ YES ☐ NO BEVERAGE PLAN TYPE:

## HOTEL AND RESORT VACATION

NO. OF NIGHTS:  HOTEL PREFERENCES (Frequent Guest Programs):

ROOM: ☐ STANDARD ROOM ☐ GARDEN VIEW NO. OF ROOMS/ARRANGEMENT:

☐ OCEAN VIEW/FRONT ☐ OTHER:

FEATURES: ☐ ALL-INCLUSIVE ☐ ADULTS ONLY ☐ FAMILY FRIENDLY CONCIERGE LEVEL:

☐ SUITE/JR SUITE ☐ ON THE BEACH ☐ KIDS CLUB ☐ NEAR CITY CENTER ☐ OCEAN VIEW

☐ LUXURY RESORT ☐ NEAR AIR/CRUISE PORT ☐ FORWARD ☐ ACTIVITIES ON-SITE

☐ STANDARD VIEW ☐ ACCESSIBLE