## **Travel Enquiry Details Form:**

Your Name:		
Your Phone Number:		
Your Email:		
		T
Name of Travellers	Date of Birth	Vaccination Status
1.		
2.		
3.		
4.		
5.		
6.		
Travel Needs:		
When are you thinking of travelling, how long are you planning to be	away and are your dates	flexible?
Dates:	away ana are your dates	neable.
Duration:		
Flexibility:		
Tiestomy.		
What type of travel experience are you looking for?		
Class of travel, airline preferences & any frequent flyer memberships:		
☐ Cheapest Discount Economy ☐ Premium Economy ☐ Business or First Class		
Airline preference (if applicable):		
Type & standard of Accommodation, day tours, car hire:		
☐ Hotel ☐ Apartment Hotel ☐ Resort ☐ Apartments		
☐ Luxury ☐ Premium ☐ Standard ☐ Budget		
Standard or Small group tours		
Vehicle Type (if applicable):		
Must have's:		
Please list the things you really need such as baby cot, high chair, child exit row seating, bassinet, kitchen.	car seat, ocean view, bald	ony, two bathrooms, low floor
What kind of research have you done so far?		
What are you comfortable spending?		

