To help me meet your travel expectations and desires, please compete this form and return to Leisure Owl Travel at [vmcfall@leisureowltravel.com](mailto:vmcfall@leisureowltravel.com)

**Trip Name**:

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| **1. Primary Client Information, #1** | | |
| **Full Name**:  (First, middle last from Government ID): | | **Nickname**: |
| **Full address**:  (Street address, City State, zip code) | | **E-mail address**: |
| **Phone Number**: (     )      - | **Birth date** (mm/dd/yyyy): | **Your age at the time of trip**: |
| **Do you have a valid passport book**?  Yes No | **Nationality:**  **Passport Number**: | **Issue Date** (mm/dd/yyyy):  **Expiration Date** (mm/dd/yyyy): |
| **Issuing County:** | **Redress Number**: | **Known Travel Number (TSA)**: |
| **Vaccinated?** Yes  No  **Boosters?** Yes  No | **Dietary Restrictions**: | **Mobility Restrictions**: |
| **Do you have a “Real ID” Driver’s License**?  Yes No | | |
| **Note:** If you do not have a Passport, a Real ID Driver’s License will be required for all domestic flying effective **May 3, 2023**. | | |

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| **Client Information, #2 Spouse?** Yes  No | | |
| **Full Name**:  (First, middle last from Government ID): | | **Nickname**: |
| **Full address**:  (Street address, City State, zip code) | | **E-mail address**: |
| **Phone Number**:(     )      - | **Birth date** (mm/dd/yyyy): | **Your age at the time of trip**: |
| **Do you have a valid passport book**?  Yes No | **Nationality:**  **Passport Number**: | **Issue Date** (mm/dd/yyyy):  **Expiration Date** (mm/dd/yyyy): |
| **Issuing County:** | **Redress Number**: | **Known Travel Number (TSA)**: |
| **Vaccinated?** Yes  No  **Boosters?** Yes  No | **Dietary Restrictions**: | **Mobility Restrictions**: |
| **Do you have a “Real ID” Driver’s License**?  Yes No | | |
| **Note:** If you do not have a Passport, a Real ID Driver’s License will be required for all domestic flying effective **May 3, 2023**. | | |

*If you have additional travelers’, complete page 3*

**IMPORTANT NOTICE**: Individual travelers are responsible for complying with all documentation and entry requirements for travel, and for any penalties that result from denied boarding or refused entry. Review current travel requirements for each country you plan to visit at [Travel.State.gov](https://travel.state.gov/content/travel.html).

**PLEASE NOTE THAT SOME TRAVEL LIMITATIONS MAY APPLY EVEN IF YOU ARE IN POSSESSION OF A VALID PASSPORT**. These circumstances may include, but are not limited to:

* Pregnancy
* Active military service
* DUI/DWI conviction
* Minor child traveling without both parents
* Child support or other legal issues
* Criminal history

*Please advise me if you have any concerns about your travel plans.*

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| **2. General Trip Information and Preferences:** | |
| What are your goals for this trip? | |
| What activities do you and your party want to do? | |
| Preferred travel dates (mm/dd/yyyy); departure: | Are your dates flexible?  Yes  No |
| Is there a special occasion being celebrated?  Yes  No | If so, what? |
| What is the total amount you are comfortable spending on this trip? (Example: $1,200-$5,000): From $      To $ | |
| What are you looking for? (Select one)  Lowest possible price (regardless of quality and rating) Best value for your money  Best experience and highest quality | |

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| **3. Flight Preferences:** | |
| Outbound Airport first choice (examples - Madison, Milwaukee, Chicago, etc.): | |
| Outbound Airport second choice (examples - Madison, Milwaukee, Chicago, etc.): | |
| First Choice Airline: | Frequent Flyer # |
| Second Choice Airline: | Frequent Flyer # |
| Third Choice Airline: | Frequent Flyer # |
| Desired Departure Time – Outbound  AM  PM Desired Arrival Time - Inbound  AM  PM | |
| Seat Preference:  First Class  Business Class  Economy  (Note: In most cases, seat assignments are not made in economy seating until check in. No free carry-on) | |
| Seat Location:  Window  Middle  Aisle | |
| Flight schedule preference:  Connecting flights are OK, depending on time and price  Nonstop flights only  less than 1 hour to destination airport | |

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| **4. Hotel/Resort Preferences:** | |
| First Choice: | Loyalty Number: |
| Second Choice: | Loyalty Number: |
| Select All that Apply:  Adults Only  All Inclusive  NOT All Inclusive  Least Expensive (standard room)  Oceanview  Oceanfront | |
| Desired Amenities:  Double beds  Queen  King  Suite with living space | |
| Handicap accessible  Club  Butler  Swim out or private pool | |
| Mobility Assistance:  Yes  No If yes, what do you need? | |

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| **5. Miscellaneous:** | |
| Do you require a car rental for this trip?  Yes No | If yes, what size? |
| Car Vender Choice: | Loyalty Number: |
| Special Requests: | |
| Other Special Dates: | Anniversary: |
| Emergency Contact Information:  Name      Relationship:       Phone number  Name      Relationship:       Phone number | |
| Have you ever worked with a travel advisor when planning previous trips?  Yes  No | |
| Is there anything else I should know, or you would like to share with me about this trip? For example, past trip information (land or cruise). What you liked and didn’t like. Etc. | |

**Where are you in your planning process? Select all that apply.**

Have not done any research  Read online reviews, travel forums, or message boards

Asked Family & Friends for advice.  Compared prices for specific destinations, hotels or flights.

Looked at general ideas online.  Contacted another travel advisor.

*Additional travelers’ information, if necessary:*

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| **Client Information, #3** | | |
| **Full Name**:  (First, middle last from Government ID): | | **Nickname**: |
| **Full address**:  (Street address, City State, zip code) | | **E-mail address**: |
| **Phone Number**: (     )      - | **Birth date** (mm/dd/yyyy): | **Your age at the time of trip**: |
| **Do you have a valid passport book**?  Yes No | **Nationality:**  **Passport Number**: | **Issue Date** (mm/dd/yyyy):  **Expiration Date** (mm/dd/yyyy): |
| **Issuing County:** | **Redress Number**: | **Known Travel Number (TSA)**: |
| **Vaccinated?** Yes  No  **Boosters?** Yes  No | **Dietary Restrictions**: | **Mobility Restrictions**: |
| **Do you have a “Real ID” Driver’s License**?  Yes No | | |
| **Note:** If you do not have a Passport, a Real ID Driver’s License will be required for all domestic flying effective **May 3, 2023**. | | |

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| **Client Information, #4** | | |
| **Full Name**:  (First, middle last from Government ID): | | **Nickname**: |
| **Full address**:  (Street address, City State, zip code) | | **E-mail address**: |
| **Phone Number**: (     )      - | **Birth date** (mm/dd/yyyy): | **Your age at the time of trip**: |
| **Do you have a valid passport book**?  Yes No | **Nationality:**  **Passport Number**: | **Issue Date** (mm/dd/yyyy):  **Expiration Date** (mm/dd/yyyy): |
| **Issuing County:** | **Redress Number**: | **Known Travel Number (TSA)**: |
| **Vaccinated?** Yes  No  **Boosters?** Yes  No | **Dietary Restrictions**: | **Mobility Restrictions**: |
| **Do you have a “Real ID” Driver’s License**?  Yes No | | |
| **Note:** If you do not have a Passport, a Real ID Driver’s License will be required for all domestic flying effective **May 3, 2023**. | | |

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| **Client Information, #5** | | |
| **Full Name**:  (First, middle last from Government ID): | | **Nickname**: |
| **Full address**:  (Street address, City State, zip code) | | **E-mail address**: |
| **Phone Number**: (     )      - | **Birth date** (mm/dd/yyyy): | **Your age at the time of trip**: |
| **Do you have a valid passport book**?  Yes No | **Nationality:**  **Passport Number**: | **Issue Date** (mm/dd/yyyy):  **Expiration Date** (mm/dd/yyyy): |
| **Issuing County:** | **Redress Number**: | **Known Travel Number (TSA)**: |
| **Vaccinated?** Yes  No  **Boosters?** Yes  No | **Dietary Restrictions**: | **Mobility Restrictions**: |
| **Do you have a “Real ID” Driver’s License**?  Yes No | | |
| **Note:** If you do not have a Passport, a Real ID Driver’s License will be required for all domestic flying effective **May 3, 2023**. | | |