COMPASS & CURATE TRAVEL

Travel Client Intake Questionnaire

Guiding Exceptional Journeys.
Curating Unforgettable Experiences.

CLIENT INFORMATION

Primary Traveler Name:

_____

Date of Birth:

_____

Email Address:

_____

Phone Number:

_____

Preferred Method of Communication:

_____

Occupation:

_____

TRAVEL COMPANIONS

Names of Travelers:

_____

Traveler Ages:

_____

Special Needs or Accessibility Requirements:

_____

TRIP DETAILS

Type of Trip:

_____

What Inspired This Trip?:

_____

Top Three Priorities:

_____

DESTINATION PREFERENCES

Preferred Destinations:

_____

Flexible Destinations:

_____

Places Previously Loved:

_____

Places to Avoid:

_____

TRAVEL DATES

Departure Date:

_____

Return Date:

_____

Date Flexibility:

_____

Desired Length of Stay:

_____

BUDGET

Estimated Budget:

_____

Include Airfare in Planning?:

_____

ACCOMMODATIONS

Preferred Accommodation Type:

_____

Preferred Room Category:

_____

Important Amenities:

_____

TRAVEL STYLE

Describe Your Ideal Vacation:

_____

Describe Your Perfect Travel Day:

_____

EXPERIENCES & ACTIVITIES

Experiences of Interest:

_____

Must-Do Activities:

_____

TRANSPORTATION

Flights:

_____

Transfers:

_____

Rental Cars:

_____

Rail Travel:

_____

TRAVEL PROTECTION

Would You Like Travel Insurance Information?:

_____

SPECIAL OCCASIONS

Celebration Type:

_____

Details:

_____

FINAL DETAILS

What Would Make This Trip Unforgettable?:

_____

Anything Else We Should Know?:

_____

Client Acknowledgment

I certify that the information provided is accurate and will be used to create personalized travel recommendations.

Client Signature: _____

Date: _____