

LEADERS IN TRAVEL AGENT SERVICES

CLIENT IN-TAKE FORM

TRAVEL AGENT NAME:			
EMAIL:			
TEXT/PHONE:			
	UPON COMPLETION PLEASE TEXT, EM	AIL, OR RETURN THIS COMPLETED FORM TO YOUR TRA	VEL AGENT
CLIENT INFORMATION		SPOUSE INFORMATION	
CLIENT NAME:		SPOUSE NAME:	
ADDRESS:		BIRTHDAY:	
CITY, STATE, ZIP: E-MAIL:		ANNIVERSARY:	
PHONE:		E-MAIL:	
BIRTHDAY		PHONE:	
PREFERRED CONTACT METHOD		CHILDREN INFORMATION	
E-MAIL	PHONE TEXT	NAME	BIRTHDAY
FACE - TO - FACE	OTHER		
TAKE NOTE			

TAKE NOTE: CLIENT ALLERGIES, MEDICAL CONDITIONS, MOBILITY REQUEST



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CLIENT TRAVEL PREFERENCES

FLIGHT	HOTEL INFORMATION
CLASS: AIRLINE: SEAT TIME: LOCAL AIRPORT:	CLASS: ROOM TYPE: ACCOMODATIONS:
TRAVEL GOALS FOR THE NEXT YEAR	
1	
2	
3	
FAVORITE FOODS FOR YOU AND YOUR FAMILY	
1	
2	
3	
FAVORITE ACTIVITIES FOR YOU AND YOUR FAMILY	
1	
2	
3	
FAVORITE VACATION AND WHY	
LEAST FAVORITE VACATION AND WHY	
OTHER TRAVEL CONCERNS I SHOULD BE AWARE OF	