



Customer Intake Form

This is the customer intake form for clients who have agreed to work with Jordan Lynn and / or Solo Ladies Will Travel to plan their travel needs.

Solo Ladies Will Travel Contact Information:

😊 Jordan Lynn 📞 909-541-6177 🌐 www.sololadieswilltravel.com

Full Name: _____ Date: _____

Email: _____ Phone: _____

Address: _____

Street Address

_____ City

_____ State/Province

_____ Postal/ Zip Code

Travel Budget: _____ Travel Insurance: _____ Yes _____ No **

** If you select No you will need to sign a travel protection waiver form. **

Number of Adults (18+) : _____ Number of Minors (<17): _____

Estimated Travel Dates: _____

Are Your Travel Dates Flexible: _____ YES _____ NO

Destinations of Interest: Please write down all the destinations you are interested in traveling too. This will help with planning your itinerary.



What Services Will You Need For Your Trip?

- Airfare
 - Hotel / Resort Stay
 - Rental Car
 - Cruise Ship
 - Packaged Tour
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Air Travel Questions: These are a few questions about how you prefer to book your travel flights.

Preferred Departure City: _____

Airline Rewards Program:

Airline	Rewards #

Seat Preference

- Economy
 - Premium Economy
 - Business
 - First Class
 - Aisle Seat
 - Middle Seat
 - Window Seat
 - At Bulkhead
 - At Wing
 - Forward
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Cruising Questions:

Rewards Program:

Cruising Company	Rewards #

Cruising Destinations of Interest: Please write down all the destinations you are interested in traveling too. This will help with planning your itinerary.

Cruise Length:

- Less Than 5 Days
- 5-7 Days
- 8-16 Days
- 17+ Days

PreCruise Nights At Destination?

- YES
- NO

Post Cruise Nights At Destination?

- YES
- NO

Do you want to include a beverage plan in your quote?

- YES
- NO

If Requesting a beverage plan what types of beverages would you like to have included?



- Alcohol
- Premium Teas
- Soft Drinks
- OTHER: _____

Cruise Cabin Preference:

- Inside
- Obstructed View
- Non Obstructed View
- Ocean View
- Balcony
- Suite
- Connected Rooms

Hotel & Resort Vacations Preferences

Number of Nights: _____ Number of Rooms: _____

Rewards Program:

Hotel Company	Rewards #

Preferred Room Type

<input type="checkbox"/> Standard Room	<input type="checkbox"/> No Preference
<input type="checkbox"/> Garden View	<input type="checkbox"/> Smoking
<input type="checkbox"/> Ocean View	<input type="checkbox"/> Non Smoking

Resort Features:



<input type="checkbox"/> All Inclusive <input type="checkbox"/> Adults Only <input type="checkbox"/> Family Friendly	<input type="checkbox"/> Suite/ Jr. Suites <input type="checkbox"/> Near Air/Cruise Port <input type="checkbox"/> On The Beach	<input type="checkbox"/> Near City Center <input type="checkbox"/> Kids Club <input type="checkbox"/> Activities On-Site
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Car Rental Questions:

Rewards Program:

Car Rental Company	Rewards #

Preferred Car Size

- Compact
- Mid-Size
- Full Size
- Luxury
- Other: _____

Additional Comments or Add Ons:



Package Tour Preferences

Destinations of Interest: Please write down all the destinations you are interested in traveling too. This will help with planning your itinerary.

Do you prefer:

- Escorted
- Independent

Activity Level:

<ul style="list-style-type: none"><input type="checkbox"/> Minimal<input type="checkbox"/> Moderate<input type="checkbox"/> Active<input type="checkbox"/> Very Active	<ul style="list-style-type: none">• Minimal = basic walking nothing too strenuous• Moderate = Walking on diverse terrain or uneven surfaces. Distance walking.• Active= A lot of walking or moderate exercise during activities.• Very Active = Adventure travel, hiking, etc.
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