

Please complete as much as possible. Your answers will help me recommend the right cruise experience for you.

1. CLIENT INFORMATION

Primary Traveler		Preferred Name	
Second Traveler		Number of Travelers	
Phone		Email	
Adults		Children	
		Children's Ages at Travel	

2. TRAVEL DATES & OCCASION

Preferred Departure Date		Alternative Dates	
☐ Dates are flexible	☐ Dates are firm	☐ Special occasion	
Occasion, if applicable			

3. PREFERRED CRUISE LENGTH

☐ 3 to 5 nights	☐ 6 to 8 nights
☐ 9 to 14 nights	☐ 15+ nights
☐ Open to recommendations	

4. DESTINATIONS OF INTEREST

☐ Alaska	☐ Caribbean	☐ Bahamas
☐ Mexico	☐ Hawaii	☐ Mediterranean
☐ Northern Europe	☐ Greek Islands	☐ Asia
☐ South Pacific	☐ Panama Canal	☐ Transatlantic
☐ River Cruise	☐ World Cruise	☐ Other

Specific countries, islands, or ports you want to visit

Destinations you prefer not to visit

5. DEPARTURE PORT, AIR & HOTEL

Preferred Departure Port

Preferred Airport

☐ Prefer to drive to the cruise port

☐ Need airfare assistance

☐ Open to flying to another city

☐ Need airport or port transfers

Arrive before cruise ☐ Yes

☐ No

☐ Not sure

Hotel needs

☐ Pre-cruise

☐ Post-cruise

☐ Both

☐ None

6. WHAT TYPE OF CRUISE EXPERIENCE DO YOU WANT?

☐ Luxury and upscale

☐ Relaxing and quiet

☐ Romantic

☐ Family-friendly

☐ Adults-focused

☐ Entertainment

☐ Nightlife

☐ Great food and dining

☐ Wellness and spa

☐ Adventure and outdoors

☐ History and culture

☐ Beaches and relaxation

☐ Shopping

☐ Excursions and sightseeing

☐ Small ship

☐ Large ship with many activities

☐ River cruising

☐ Open to recommendations

Your three most important vacation priorities

1.

2.

3.

7. PREVIOUS CRUISE EXPERIENCE

☐ I have cruised before

☐ This will be my first cruise

Cruise lines sailed

Favorite ship or cruise line

What did you enjoy most?

Anything you did not like?

8. STATEROOM PREFERENCES

☐ Interior

☐ Ocean View

☐ Balcony

☐ Suite

☐ Connecting rooms

☐ Accessible stateroom

☐ Not sure

Bed preference

☐ One bed

☐ Two beds

☐ Other

Location preference

☐ Midship

☐ Forward

☐ Aft

☐ Quiet

☐ Near elevators

☐ Near activities

☐ No preference

Sensitive to motion?

☐ Yes

☐ No

9. DINING & BEVERAGE PREFERENCES

☐ Traditional dining

☐ Flexible dining

☐ Specialty restaurants

☐ Fine dining

☐ Casual dining

☐ Combination

Dietary needs or food allergies

Beverage package interest

☐ Alcoholic

☐ Non-alcoholic

☐ Soda

☐ Not sure

☐ No

10. ACTIVITIES & SHORE EXCURSIONS

☐ Beaches

☐ Snorkeling

☐ Scuba diving

☐ Historical tours

☐ Cultural experiences

☐ Food and wine

☐ Wildlife

☐ Hiking

☐ Adventure activities

☐ Shopping

☐ Private tours

☐ Guided group tours

☐ Relaxing in port

☐ Other

Activity level

☐ Relaxed

☐ Moderate

☐ Active

☐ Very active

11. VACATION BUDGET

- ☐ Under \$3,000 ☐ \$3,000 to \$5,000
- ☐ \$5,000 to \$7,500 ☐ \$7,500 to \$10,000
- ☐ \$10,000+ ☐ Flexible for the right experience
- Does this budget include airfare? ☐ Yes ☐ No ☐ Not sure
- Compare several cruise lines and price levels? ☐ Yes ☐ No

12. SERVICES YOU WOULD LIKE ME TO RESEARCH

- ☐ Airfare ☐ Pre-cruise hotel
- ☐ Post-cruise hotel ☐ Airport transportation
- ☐ Cruise port transportation ☐ Shore excursions
- ☐ Beverage packages ☐ Wi-Fi packages
- ☐ Specialty dining ☐ Spa packages
- ☐ Travel protection ☐ Private transportation
- ☐ Celebrations or special arrangements

13. ACCESSIBILITY & SPECIAL CONSIDERATIONS

- ☐ Wheelchair or scooter accessibility ☐ Limited walking
- ☐ Accessible stateroom ☐ Dietary accommodations
- ☐ Other accessibility considerations ☐ None

Details you would like me to consider

14. PASSPORTS & TRAVEL DOCUMENTS

- ☐ All travelers have valid passports ☐ No ☐ Some travelers do ☐ Not sure

Passport expiration dates, if known

Travel document requirements vary by itinerary and traveler. Requirements will be reviewed for the selected sailing.

15. TRAVEL PROTECTION

Would you like information about travel protection options?

☐ Yes ☐ No ☐ I would like more information before deciding

Travel protection may provide benefits for certain covered events, including trip cancellation or interruption, medical emergencies, baggage issues, and travel delays. Coverage varies by plan and policy terms.

16. YOUR IDEAL CRUISE VACATION

What would make you come home and say, "That was exactly the vacation I wanted"?

17. ANYTHING ELSE I SHOULD KNOW?

TRAVEL ADVISOR NOTES

Recommended Cruise Line(s)

Recommended Ship(s)

Recommended Itinerary

Estimated Budget

Follow-up Date

Additional Notes