



Travel Agent Inquiry Form

Please fill out and return to LuckyCompassTravelCompany@gmail.com

PERSONAL INFORMATION

Full Name: _____

Contact Number: _____ Email Address: _____

Preferred Method of Contact: Phone / Email / Text (Please circle)

TRAVEL DETAILS

Destination(s): _____

Departure City: _____

Travel Dates: Departure: _____ Return: _____ Flexible? Yes / No

Occasion: _____
(e.g., Vacation, Honeymoon, Business, etc.)

TRAVELER INFORMATION

Number of Adults: _____ Number of Children: _____ Age(s) of Children: _____

Travel Preferences:

- Accommodation Type: Hotel / Resort / Apartment / Other: _____
- Room Preferences: Single / Double / Suite
- Transportation Preferences: Economy / Business / First Class
- Rental Car Needed? Yes / No
- Dietary Restrictions or Preferences: _____

ACTIVITIES AND INTERESTS

Please indicate your interests or activities you wish to include in your travel plan:

Sightseeing Adventure/Sports



Cultural Experiences

Relaxation/Spa

Nature/Wildlife

Culinary Experiences

Shopping

Historical Sites

Special Requests or Notes:

BUDGET INFORMATION

Estimated Total Budget for Trip: _____

Budget Preferences:

(Please indicate any specific budget allocations, e.g., accommodation, flights, activities.)

INSURANCE AND SAFETY

Interested in Travel Insurance? Yes / No

Any medical conditions or accessibility requirements we should be aware of?



CONSENT AND CONFIRMATION

By submitting this inquiry form, I consent to the collection and use of my personal information for the purpose of travel planning and consultation. I understand that this information will be used to create a travel plan tailored to my preferences and requirements.

Signature: _____

Date: _____

