

Travel Questionnaire

Save even more money and receive extra OBC by booking no later than 4 months in advance for exclusive cruise rates with many major cruise lines.



Please complete the following questions based on your travel preferences to better assist your Cruise Brothers Travel Specialist. Thank you for your time.

First and Last Name: _____

D.O.B.: _____ **Phone Number:** _____

Email Address: _____

1. What destinations are you interested in? What cruise port are you looking to depart from?

2. What are your intended travel dates? How many days? 3-5 days, 7-10 days, 10+ days, etc.

3. What cruise lines are you interested in? – If you have no preference, what activities are you interested in during your cruise?

4. How many guests in each cabin? Number of cabins? What kind of cabin? Inside? Oceanview? Balcony? Suite?

5. What is your budget? Have you already received a price? How much?

6. For additional discounts, is anyone over 55+, active or retired military, EMT, firefighter, or Police? Are you a past passenger of any cruise lines? **Date of Birth and Home address required to apply past passenger rates.**

7. What is your dining preference?

Early (6/6:30 PM)

Late (8:30/9 PM)

Anytime

8. What else will you need for your vacation? Check all that apply.

- Travel Insurance?** We use Allianz which offers better coverage than the travel vendor.
- Transfers?** To and from the airport to cruise ship?
- Hotels?**
- Shore Excursions?** – Cruise Brothers offers cheaper high quality excursions!
- Special Occasions? Anniversary/Birthdays, etc.?**
- Any other requests?** _____

Client Reservation Form

Client's Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

| GUESTS' FULL NAME | DATE OF BIRTH | Past Passenger Number |
|-------------------|---------------|-----------------------|
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State of Residence: _____ **Discounts?** _____

Always put a complimentary 48 hour hold on cruise cabins and land vacations to hold the price while the client pays deposit!

Reservation Number: _____

Departure Date: _____ **Return Date:** _____

Travel Supplier: i.e. Cruise line/Ship or travel vendor _____

Pricing with Offer details i.e. OBC and/or Amenities:

1. What is the total price? _____
2. Commission: _____
3. Gratuities: _____
4. Travel Insurance Cost= _____
5. Hotel: _____
6. Transfer costs: _____

Current Cruise Price _____ **vs. Group Rate if applicable** _____

Group Number # _____ **Group Recall Date** _____

Credit Card/Debit payment: Checks or Money orders are not accepted.

Credit Card Number: _____ **Exp. Date** ____/____

CCV Code _____ **Billing Address:** _____

Reminder: ALL SALES MUST BE REPORTED FOR COMMISSIONS. Report sales within 48 hours of paying the deposit.

Send your personal shore excursion link or sign your cruise bookings up for shore excursion reminders at

<http://www.shoreexcursionsgroup.com/CruiseBrothersBB>

Client Reservation Form



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