

NEW CLIENT QUESTIONNAIRE

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NEW CLIENT QUESTIONNAIRE

Welcome! We can't wait to start planning your next adventure. The more we know about you, the better we can create travel experiences that are perfectly tailored to your preferences. Please complete this questionnaire as thoroughly as possible.

Date Completed:

SECTION 1: ABOUT YOU

Full Name:

Date of Birth:

Address:

City, State, ZIP:

Phone (Primary):

Phone (Cell / Text):

—

Email Address:

Preferred Communication Method: ☐ Email ☐ Phone Call ☐ Text / SMS

☐ Video Call ☐ No preference

Best Time to Reach You:

How did you hear about HappyDayzTravel? ☐ Social media ☐ Friend/family

☐ referral ☐ Google search ☐ Previous client

SECTION 2: TRAVEL COMPANIONS

Do you typically travel: ☐ Solo ☐ As a couple ☐ With family ☐ With friends
☐ Mix of the above

If traveling with others, please list primary companions:

Name	Relationship	Date of Birth	Dietary Restrictions	Special Needs

Do you have children you travel with? ☐ Yes ☐ No

Do you have children you travel with? ☐ Yes ☐ No

If yes, ages:

SECTION 3: PASSPORT AND DOCUMENTS

Do you have a valid U.S. Passport? ☐ Yes ☐ No ☐ In process

Passport Expiration Date:

Do all travelers have valid passports? ☐ Yes ☐ No ☐ N/A

Have you ever been denied entry to a foreign country? ☐ No ☐ Yes — Please explain:

Do any travelers have dual citizenship or non-U.S. passports? ☐ No ☐ Yes — Please explain:

SECTION 4: TRAVEL HISTORY

How many times per year do you typically travel? ☐ 1–2 ☐ 3–5 ☐ 6–10

☐ 10+ ☐ This is my first trip

What type of travel have you done most? ☐ Domestic ☐ Caribbean

☐ Mexico ☐ Europe ☐ Central/South America ☐ Asia ☐ Africa ☐ Pacific Islands ☐ Cruises ☐ Worldwide

List your favorite destinations you've visited:

List destinations you still dream of visiting:

Are there any destinations you would NOT want to visit?

Have you ever taken a cruise? ☐ Yes ☐ No If yes, which cruise line(s)?

Have you ever stayed at an all-inclusive resort? ☐ Yes ☐ No If yes, which resort(s)?

Were you satisfied? ☐ Yes ☐ No — What would you change?

SECTION 5: TRAVEL STYLE AND PREFERENCES

Which best describes your travel personality? (select all that apply)

☐ Beach lover ☐ Adventure seeker ☐ Culture enthusiast ☐ Foodie ☐ History buff ☐ Nature/wildlife lover ☐ Luxury traveler ☐ Budget-conscious ☐ Spa and relaxation focused ☐ Nightlife and entertainment ☐ Shopping

☐ Family-focused

Preferred Travel Pace: ☐ Slow and relaxed — few activities, lots of downtime ☐ Moderate — a balance of exploration and rest ☐ Fast and packed — I want to see and do as much as possible

Accommodation Style: ☐ All-inclusive resort (everything included) ☐ Boutique/unique property ☐ Luxury hotel ☐ Mid-range hotel (comfort and value) ☐ Vacation rental / villa / home ☐ Cruise ship cabin ☐ No preference

Flight Preferences: Preferred Class: ☐ Economy ☐ Premium Economy

☐ Business ☐ First Preferred Airlines: Do you have frequent flyer memberships? If yes, list: Aisle or

Window seat? ☐ Aisle ☐ Window ☐ No preference Layover preference: ☐ Direct only
☐ One stop okay ☐ Any

SECTION 6: BUDGET AND FINANCES

How do you feel about budget when planning travel?

☐ Budget is the top priority — I want the best deal ☐ I have a target budget but will stretch it for the right experience ☐ Value matters, but quality comes first ☐ I prioritize experience over cost — I want the best

Approximate budget per person for your next trip (airfare + hotel + experiences):☐

Under \$1,500 ☐ \$1,500–\$3,000 ☐ \$3,000–\$5,000

☐ \$5,000–\$10,000 ☐ \$10,000+

Do you prefer to pay in full upfront, or would you like a payment plan?

☐ Pay in full ☐ Payment plan ☐ Depends on trip cost

Preferred payment method:☐ Credit card ☐ Debit card ☐ Check

☐ Zelle/Venmo ☐ No preference

SECTION 7: UPCOMING TRAVEL PLANS

Do you have a specific trip in mind right now? ☐ Yes ☐ No

If yes, please describe:

Destination(s) in mind:

Flexible on destination? ☐ Yes ☐ No — I know exactly where I want to go

Approximate travel dates or timeframe: Specific Dates: to
OR General Timeframe:

Are your dates flexible? ☐ Yes ☐ No ☐ Somewhat

Occasion for this trip (if any): ☐ Anniversary ☐ Honeymoon ☐ Birthday

☐ Graduation ☐ Holiday ☐ Just because! ☐ Other:

SECTION 8: HEALTH AND SPECIAL NEEDS

Do you or any travelers have any dietary restrictions or allergies? ☐ No

☐ Yes — Please list:

Do you or any travelers require accessibility accommodations? ☐ No

☐ Yes — Please describe:

Are there any health conditions that may affect travel planning? (You do not need to share diagnoses — just anything that might affect transportation, accommodation, or activity selection.) ☐ No ☐ Yes — Please describe:

SECTION 9: INSURANCE AND PROTECTION

Do you typically purchase travel insurance? ☐ Always ☐ Sometimes

☐ Never — would like to learn more ☐ Never — I decline by choice

Do you have credit card travel benefits? ☐ Yes — Card:
☐ No ☐ Not sure

SECTION 10: ANYTHING ELSE?

Is there anything else you'd like us to know about your travel preferences, past experiences, or what makes a great trip for you?

What is the most important thing to YOU in a travel experience?

Have you ever been disappointed by a trip? What went wrong?

Thank you for completing this questionnaire! Your answers help us deliver a truly personalized experience. We will reach out within [X] business days to schedule your planning consultation.