



Travel Services Unlimited Travel Survey

General Information

Member Name(s): _____ Member Number: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Apt Number: _____
Phone Number: _____ Phone Number: _____
Email: _____ Email: _____

Please Complete The Following Survey

Section 1: General Travel Information

How often do you travel per year: 1-3 4-7 8-11 12-15 15+

Out of the amount of times you travel, how often do you travel for each of the following:

Leisure: _____ Business: _____ Other: _____

What type of travel do you use: (check all that apply) Condo Hotel
 Cruise Tours All-Inclusive Railway Travel Air-Only
 Land/Air Packages River Cruises Rental Vehicles Camping

What Do You Prefer?

Section 2: Travel Preferences

What seasons do you prefer to travel in:

Winter Spring Summer Autumn

Who do you typically travel with: (check all that apply)

Single/Young Single/Mature Single/Senior Citizen Single/ Parent
 Couple/Young Couple/Mature Couple/Senior Citizen
 Family/Young Family/Teens Friends
 Friends

What is most important to you when you travel: Children's Activities/Child Care

Handicap Accessibility Handicap Accessibility Privacy
 Location Housekeeping Services Customer Service
 Location Luxury Bountiful Amenities

What Do You Do For Fun?

Section 3: Hobbies & Interest

What are your interest and hobbies? (check all that apply) Adventure

Bicycles Boating/Sailing Cards/Poker Culinary/Wine

