

SALA

PRIVATE JOURNEYS

CLIENT QUESTIONNAIRE

Your Journey Begins With a Conversation

GUEST INFORMATION

Full Name(s)

Email Address

Phone Number

Nationality

TRAVEL TIMELINE

Preferred Travel Dates

Duration (number of nights)

Flexibility

Flexible Fixed dates

TRAVELERS

Number of Adults

Number of Children (with ages)

BUDGET RANGE (per person)

ACCOMMODATION STYLE

TRAVEL PACE

INTERESTS & ACTIVITIES

DINING PREFERENCES

SPECIAL OCCASIONS

Honeymoon

Anniversary

Birthday

Family Reunion

Other: _____

REGIONS OF INTEREST

Any specific areas of Thailand you'd like to explore?

DIETARY RESTRICTIONS & ALLERGIES

MEDICAL CONDITIONS OR MOBILITY CONSIDERATIONS

PREVIOUS THAILAND EXPERIENCE

First visit? Previous visits?

If yes, where? _____

MUST-HAVE EXPERIENCES

Anything you absolutely want to experience?

MUST AVOID

Anything you want to avoid?

HOW DID YOU DISCOVER SALA?

SIGNATURE & DATE

Signature: _____ Date: _ Date: _ Date: _ Date: _ Date: _ Date: _ Date: _ Date: _ Date: _

Date: _