

Making Memories Tours
Group Tour Leader Questionnaire

Date: _____

Group Leader: _____

Address: _____

Phone Number: _____

Email Address: _____

Tour Location: _____

Date/s of Tour: _____

How Many Days: _____

Weekends or Week days: _____

Lodging Accommodations Needed: _____

Transportation Needs: _____

Driving Straight to Destination or Activity Stops: _____

Meals Needed: _____

Making Memories Guide: _____

Are you interested in overnighting at the Destination or off sight? _____

Would you like this tour priced for 24? 30? 35? People: _____

Would you like built in comps? 0? 1 comp? 2 comps? _____

Other Specific Requests: _____

Requested Proposal Date: _____

Notes: _____
