

## Tour de Forks Questionnaire

Date of contact:

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Contact Name (Direct Client or Agent):

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Travel Agency:

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## Contact Information

Email:

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Address:

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How did you hear about TDF?

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Independant Travel

Custom Tour

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Name of Group or Party:

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Destination:

Region(s):

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Number of Guests:

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Approximate length of trip:

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Anticipated time of travel (mm/yy):

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Exact dates if known:

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Budget:

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Accommodations:

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Notes:

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## Activities

Hands-on Cooking lesson (s): Number:

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Cooking Demonstration(s): Number:

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Wine tastings: Number:

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Culinary themed activities or visits within the region:

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Other

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Any general sightseeing to be included?

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Transportation:

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Transfers:

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Notes: