

Request for Group Quote

Today's Date: _____ Agent Name: _____
Agency Name: _____ IATA (8-Digit Number): _____
Agency Address: _____ City: _____ State: _____ Zip Code: _____
Email: _____ Direct Phone: _____ Ext.: _____ Fax: _____
Are you a Home Based Agent? Yes No Consortium: _____

Group or Organization Name: _____ Trip Host (if applicable): _____
Trip Name or Destination(s): _____
Trip Start Date: _____ Return Date: _____
Number of Participants: _____ Number of Children: _____
(min. 20 for Custom Groups)
Single Rooms: _____ # Triple Rooms: _____
Do you need air for your group? Yes No If yes, departure/return city: _____
Is group affinity, pre-formed or speculative? _____ Where has this group traveled previously? _____
Please describe any special needs for accommodation or other requirements: _____
What collateral will you need for marketing support (ie. flyers, webinar, group presentation, etc.): _____

Custom Group Only (Use the attached form to provide us with itinerary specifics.)

What is your approximate, land-only budget per person? _____ Is airfare needed? Yes No
How many complimentary Vacation Host (TC) spaces do you wish to be included per coach? Singles _____ or Twins _____
What class/type of hotel should the quote be based on? (e.g. First Class, CostSaver, Three-star, etc.) _____
Have you sent this bid out to other guided vacation/tour operators? Yes No If yes, who? _____
Is the group flexible on itinerary and dates? Yes No
Tell us about your group: (e.g. Why are they traveling? Special interests? What is the average age or age range of group?) _____
When do you anticipate the group will be making a decision? _____
What deadlines should we be aware of? _____

Please submit your Request for Group Quote by fax or click the Send button below.

Thank you for thinking of Trafalgar for your group travel needs.
We look forward to hosting your group's guided vacation.

Questions? Contact a Group Specialist: 800-626-6603 Fax: 800-689-6444
groupsales@trafalgartours.com

SEND

TRAFALGAR

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(use this form for custom group request only)

Please advise your requested itinerary:

Day 1 Trip begins

Date: _____
Beginning City: _____
Overnight City: _____
Meals: * _____
Itinerary Description: ** _____

Day 2

Date: _____
Beginning City: _____
Overnight City: _____
Meals: * _____
Itinerary Description: ** _____

Day 3

Date: _____
Beginning City: _____
Overnight City: _____
Meals: * _____
Itinerary Description: ** _____

Day 4

Date: _____
Beginning City: _____
Overnight City: _____
Meals: * _____
Itinerary Description: ** _____

Day 5

Date: _____
Beginning City: _____
Overnight City: _____
Meals: * _____
Itinerary Description: ** _____

Day 6

Date: _____
Beginning City: _____
Overnight City: _____
Meals: * _____
Itinerary Description: ** _____

Day 7

Date: _____
Beginning City: _____
Overnight City: _____
Meals: * _____
Itinerary Description: ** _____

Day 8

Date: _____
Beginning City: _____
Overnight City: _____
Meals: * _____
Itinerary Description: ** _____

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Day 9

Date: _____
Beginning City: _____
Overnight City: _____
Meals: * _____
Itinerary Description: ** _____

Day 10

Date: _____
Beginning City: _____
Overnight City: _____
Meals: * _____
Itinerary Description: ** _____

Day 11

Date: _____
Beginning City: _____
Overnight City: _____
Meals: * _____
Itinerary Description: ** _____

Day 12

Date: _____
Beginning City: _____
Overnight City: _____
Meals: * _____
Itinerary Description: ** _____

Day 13

Date: _____
Beginning City: _____
Overnight City: _____
Meals: * _____
Itinerary Description: ** _____

Day 14

Date: _____
Beginning City: _____
Overnight City: _____
Meals: * _____
Itinerary Description: ** _____

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