



## Air, Hotel, and Excursion Request Form

Thank you for allowing Scholarly Sojourns to assist you with your additional travel needs. Please complete this form entirely and return to us via email at [info@scholarlysojourns.com](mailto:info@scholarlysojourns.com) at your earliest convenience.

**What type of arrangements would you like Scholarly Sojourns to assist you with? Please check all that apply.**

☐ Air Travel

☐ Pre/Post-Tour Hotel

☐ Pre/Post-Tour Excursion

**Participant name and contact information. Please write your full name exactly as it appears in your passport.**

Passenger 1

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Passport Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Country of Issue: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Date of Birth:      Month:      Day:      Year: \_\_\_\_\_  
Gender as indicated on passport:      ☐ Male      ☐ Female

Passenger 2

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Passport Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Country of Issue: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Date of Birth:      Month:      Day:      Year: \_\_\_\_\_  
Gender as indicated on passport:      ☐ Male      ☐ Female

### AIR TRAVEL DETAILS

**1. What are your desired travel dates?**

On which date do you wish to arrive at the destination? \_\_\_\_\_  
On which date do you wish to return home? \_\_\_\_\_

**2. What is your preferred departure city and airport?**

\_\_\_\_\_

**What is your preferred destination city and airport?**

\_\_\_\_\_

**3. Are you willing/able to travel from any alternate airports within 60 miles of your preferred departure airport in order to obtain a better price or more convenient connection?**

☐ Yes      ☐ No

**4. Do you wish to return to the same airport as your departure?**

☐ Yes      ☐ No

If no, please tell us your preferred return city and airport: \_\_\_\_\_

**5. Are you willing to depart in the very early morning hours (before 7:30am)?**

☐ Yes      ☐ No

**6. Please tell us what type of seating you prefer.** (Please note that seating choice cannot be guaranteed.)

Passenger 1

☐ Window      ☐ Aisle      ☐ Center

Passenger 2

☐ Window      ☐ Aisle      ☐ Center

Comments:

**7. Do you have any special meal requirements while traveling by air?** (Please note that not all options are guaranteed to be available.)

Passenger 1

- ☐ None (regular airline menu)
- ☐ Vegetarian (lacto-ovo)
- ☐ Vegetarian (vegan)
- ☐ Low-calorie
- ☐ Low-fat
- ☐ Gluten-free
- ☐ Diabetic
- ☐ Halal
- ☐ Other \_\_\_\_\_

Passenger 2

- ☐ None (regular airline menu)
- ☐ Vegetarian (lacto-ovo)
- ☐ Vegetarian (vegan)
- ☐ Low-calorie
- ☐ Low-fat
- ☐ Gluten-free
- ☐ Diabetic
- ☐ Halal
- ☐ Other \_\_\_\_\_

Comments:

**8. Special Instructions**

**PRE/POST-TOUR HOTEL REQUIREMENTS**

**1. Are you interested in accommodations before the tour begins?**

- ☐ Yes      ☐ No

If yes:      Number of Nights: \_\_\_\_\_  
Preferred Location: \_\_\_\_\_  
Type of Room: \_\_\_\_\_

Special Instructions:

**2. Are you interested in accommodations after the tour concludes?**

- ☐ Yes      ☐ No

If yes:      Number of Nights: \_\_\_\_\_  
Preferred Location: \_\_\_\_\_  
Type of Room: \_\_\_\_\_

Special Instructions:

**3. What standard of accommodation are you looking for?**

- ☐ B&B/Guest House/Inn    ☐ Budget Hotel (2-star)    ☐ Mid-Range Hotel (3-star)    ☐ Superior Hotel (4-star)    ☐ Luxury Hotel (5-star)

**PRE/POST-TOUR EXCURSION**

If interested in an optional excursion, input the details below:

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_