

## Sojourn Participant Questionnaire Lost Castles of Wales - April 30 - May 7, 2022

In order for us to get better acquainted with the participants on each sojourn, we ask that all passengers complete this brief questionnair regarding travel preferences and travel needs. The information provided also helps us to tailor some of the final details of the sojourn to match the specific desires of the group.

1. Vital Information (plea	ase add missing details or n	nake correction to the righ	t if necessary):
Participant:	Judith Brown		
Address:	2365 Bolsover Street		
	Houston TX	77005	
Phone (main):	(713) 725-3222		
Email address:	judyrbrown@aol.com		
Sojourn:	Lost Castles of Wales		
Dates:	April 30 - May 7, 2022		
Booking status:	Double Occupancy   Twin Beds		
Travel Companion:	Janet Covington		
Sojourn net price:	\$3,170.00		
2. Additional Information	n:		
Do you currently possess	a valid Passport?	☐ Yes ☐ No*	
Name as it appears on pa	assport:		
Passport #:		Country of	of Issue:
Expiration Date:		Birth Dat	e:
*If no, when do you inter	nd to obtain one?	-	
Current Occupation:			_
3. What pace of travel do	o you generally prefer (chec	ck one)?	
☐ Leisurely	☐ Moderate	☐ Active ☐	l Very Active
4. What balance of free	time to group activities do y	you prefer while traveling (	on a tour (check one)?
☐ 90% Group Activities	☐ 80% Group Activities	☐ 70% Group Activities	☐ 60% Group Activities
5. At what time do you g	generally prefer to retire in	the evening while traveling	g?
☐ After 8:00PM	☐ After 9:00PM	☐ After 10:00PM	☐ After 11:00PM
Although we cannot gua prefer (check one or bot	rantee availability of any on high and preference):	ne type of room, please let	r in modern additions to the property. t us know which type of accommodation you generally
_ , ,	oms with rustic, period finish ms with new construction a	•	

7. During your free time on this sojourn, what types of activities might you be interested in pursuing (check all that apply):			
□ Local/regional specialty food and drink □ Theatre/Concerts □ Sporting events □ Shopping □ Nightlife □ Other			
8. Do you have any physical or health limitations that might prevent you from taking part in some of the regularly-scheduled activities? These may include walking up to a mile at a time and climbing up to three flights of stairs at a time.			
□ Yes □ No			
If yes, please explain:			
9. Do you have any special dietary requirements or allergies?			
□ Yes □ No			
If yes, please explain:			
10. Do you have a special occasion (i.e., birthday, anniversary, etc.) that will occur during the tour?  ☐ Yes ☐ No			
If yes, what is the occasion and date:			
11. Emergency contact information. Please give the name and contact details for someone not traveling along with you whom we may contact in the event of an emergency:			
Name: Relationship:			
Home Phone: Alternate Phone:			

Please complete and return to us by email (info@scholarlysojourns.com).