

Name on Passport: _____ date of birth: _____

Address: _____ Postal code _____

Phone #: _____ email: _____

Do you prefer a structured trip with scheduled activities each day or a trip with little or no scheduling? _____

Where are you looking to go? _____

Cruising? _____ Coach Tour _____ Ladies only _____

Is promptness important to you? _____ Are you a morning person _____ night person _____

Do you travel light (no more than carry-on luggage) or prefer to pack whatever you might need? _____

Is shopping an important part of your travel experience? _____

Do you smoke? _____ If not, do you object to your room mate smoking? _____

Do you drink alcoholic beverages? _____ if not, do you object to your roommate drinking? _____

What time do you normally wake up and go to sleep? _____

If you are sharing a room: Do you object to the lights and/or TV being on when you go to sleep? _____

Do you snore? _____ Does snoring from your room mate bother you? _____

What do you like to do during your free time on a trip? _____

What is your energy level? _____

How adaptable are you to another person's pace and/or lifestyle? _____

Are you used to being on your own? _____

Do you have any physical conditions or limitations or dietary constraints? _____

Do you have the window open at night? _____ Okay to have air conditioning on all night? _____

Please join online then complete and mail this form to:

**Ladies on the Go,
101 1647 140 St,
White Rock, BC V4A 4H1.**

