

# Culinary Tour Pre-Trip Questionnaire

## Personal Information

Full Name

Email Address

Phone Number

Nationality

Emergency Contact Name & Relationship

Emergency Contact Phone

## Dietary Preferences

Do you have any dietary restrictions or preferences?

Do you have any food allergies?

Your favorite cuisines or foods

## Health & Mobility

Relevant medical conditions (if any)

Do you have any mobility concerns?

☐ Yes ☒ No

## Travel Experience & Preferences

Briefly describe your previous culinary/travel experiences

What are your main goals or expectations for this tour?

Are you traveling alone or with someone?

Other information you'd like us to know