

SPECIAL MOBILITY NEEDS



This form is for travelers with a mobility issue or other need that requires special accommodation. This includes restriction on walking distances, use of stairs, the need to walk at a slower pace, or the ability to walk up or down hill to hotel or tour meeting location. We will need this information before proceeding further with your quote, so that we can ensure the client's trip goes as smoothly as possible.

Booking Information

Avanti Quote _____ Client Name _____

Travel Agent Name _____

Device Description

**Please note that although we will seek to accommodate your client to the best of our abilities, Avanti and our ground suppliers are unable to provide services for those clients who are restricted to motorized wheelchairs or scooters. Please contact a tour operator who specializes in this area for your client's special needs.*

Does the traveler use an assistance device, such as a wheelchair, walker, or cane? If yes, please select one of the options below: Yes No

Wheel Chair* Walker* Other

Will the traveler bring his/her device on the trip? Yes No
**If you're bringing your own device please fill out the section below.*

Is the wheelchair/walker collapsible? Yes No NA

What are the dimensions of the wheelchair? Width - Height - Length _____

Opened? _____ Closed? _____

Mobility Assistance

Can the traveler get in and out of the transfer vehicles without extra assistance? Yes No

Will the traveler require assistance apart from his/her traveling companion(s)? e.g., entering or exiting transfer vehicles and portage Yes No

Does the passenger intend to use the wheelchair/walker on any tours booked with Avanti? Yes No NA

If booking air travel with Avanti Destinations, are connecting flights an issue? Yes No

To what extent do the hotel rooms/locations need to be adapted for this passenger? (EX: roll-in shower, hand rails in the bathroom, room near the elevator on lower floor, etc.)

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Other Special Needs/Concerns

Are there any other special needs of which we should be aware, such as allergies or medical issues?

Please note that based upon the above information the services in your original quote may not be confirmable as is, and may need to be altered in order to best accommodate the client's needs. Hotels may need upgraded rooms, tours and transfers typically will need to be private rather than shared. Any additional charges required by our ground supplier to insure the client's special requirements are met, will be the responsibility of the client & needs to be collected to complete the confirmation process.

Authorization

By signing below, I validate that the above information is correct to the best of my knowledge.

Note: any modifications required while traveling due to misinformation relayed in this document will render all cost responsibility to the client.

Travel agent signature responsible for this booking info

Date

Passenger signature for whom these special needs apply

Date