AZADV TRAVEL SURVEY

If you have questions, comments, or desire more information, please contact “Bert” DeVries, AZADV Travel Chair, at 215-962-1708 or j2rdevries@aol.com

Please help us to plan for future docent trips by completing this travel survey. Thank you.

Name:________________________________________________________________________

Address:_____________________________________________________________________

Zoo, Aquarium, or Organization Affiliation: _______________________________________

Telephone: (Home) ____________________ (Cell) ____________________ E-mail: __________

Have you ever traveled with AZADV? ____Yes____No   If so, where? __________________________________________________________

Please check ALL activities that would be of interest to YOU

____Walking____Hiking____Cruises____Train Travel____Zoos____Aquariums____Birding
____Photography____Nature Centers/Wildlife Preserves____Museums____Home Stays
____Historical Sites____Horticulture/Botanical Gardens____Biking____Local Culture
____Family or Intergenerational Trips____Rafting____Canoeing____Snorkeling____Home
____Scuba Diving____“Hands On” or Volunteer Project____Other_____________________

Accommodations Preferred (Please check all that may apply):

___Deluxe Hotels___1st class hotels/motels___B&B’s___Tented Camps___Doesn’t Matter

Are you open to travel conditions that may include riding on bumpy roads, walking over uneven or hilly terrain, or staying in simple, but comfortable accommodations?

____Yes _____No _____Unsure

Time of year I/we prefer to travel (Please check all that may apply):

_____Winter_____Spring_____Summer_____Fall_____Doesn’t matter

Preferred length of trips (Please check all that may apply):

____1 to 4 days____5-7 days____8 to 14 days____15 days or longer____Doesn’t matter

Price I would be willing to pay for a trip (Check all that might apply):

___$50-$500___$1,000-$2,000___$2,000-$3,500___$3,500-$5,000___$5,000 or

more__doesn’t matter

I am interested in _____domestic travel______international travel______both

Name up to six (6) domestic and/or international destinations or places to which you would be interested in visiting:

1.____________________________________2.____________________________________3.____________________________________

4.____________________________________5.____________________________________6.____________________________________

What would make you decide whether to go or not to go on an AZADV trip?

_____________________________________________________________________________

_____________________________________________________________________________

Additional Comments:__________________________________________________________

_____________________________________________________________________________

***Mail or email completed form to Roberta “Bert” DeVries, AZADV Travel Chair,
3834 Central Avenue, Ocean City, NJ 08226-1729 or e-mail j2rdevries@aol.com

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