

GUEST INFORMATION

Name: _____ Yacht: _____
No. in Party: _____ No. of Days: _____
Charter From: _____ Charter To: _____
Port of Embarkation: _____
Port of Disembarkation: _____
Phone No.: _____ Fax No. _____

ARRIVAL INFORMATION

Name: _____ Age: _____ Citizen: _____
Name: _____ Age: _____ Citizen: _____
Name: _____ Age: _____ Citizen: _____
Name: _____ Age: _____ Citizen: _____
Name: _____ Age: _____ Citizen: _____
Name: _____ Age: _____ Citizen: _____
Name: _____ Age: _____ Citizen: _____
Name: _____ Age: _____ Citizen: _____

Address: _____

Airline: _____ Airport: _____ Flight No.: _____
Date: _____ Time: _____

Airline: _____ Airport: _____ Flight No.: _____
Date: _____ Time: _____

Airline: _____ Airport: _____ Flight No.: _____
Date: _____ Time: _____

(If staying overnight in a hotel prior to boarding):
Name of Hotel: _____ Date In: _____

*Medical Concerns/Allergies ? (Heart, Epilepsy, Diabetes, etc.): _____

**This information will of course remain confidential*

WINE:

How many in your party prefer wine with their Lunch ?
 Red _____ White _____ Blush/Rosé _____

How many in your party prefer wine with their Entrée ?
 Red _____ White _____ Blush/Rosé _____

What type of wine do you enjoy at home ?
 Red _____
 White _____
 Blush/Rosé _____

LIQUOR: Includes a selection of house liquor and liqueurs.
Please indicate preference with numbers for each:

Rum _____ Gin _____ Vodka _____
 Whiskey _____ Scotch _____
 Amaretto _____ Kahlua _____
 Baileys _____ Cognac _____
 Other _____

GENERAL

Snacks, please list some of your favorites: _____

Would you like the crew to enjoy the meals with you? Yes No
Is there any information that you feel will help the crew give you the best possible vacation ? (Special Requests, etc):

BEVERAGE PREFERENCES

For the following categories of beverages, please specify types of beverage and the No. of passengers requesting the beverage. As all types and brands are not available at all locations, we may not always be able to accommodate requests for specific brands.

	BRAND	#
SODAS:	<input type="checkbox"/> Diet <input type="checkbox"/> Regular _____	_____
	<input type="checkbox"/> Diet <input type="checkbox"/> Regular _____	_____
	<input type="checkbox"/> Diet <input type="checkbox"/> Regular _____	_____
	<input type="checkbox"/> Diet <input type="checkbox"/> Regular _____	_____
	<input type="checkbox"/> Diet <input type="checkbox"/> Regular _____	_____
BEER:	<input type="checkbox"/> Regular _____	_____
	_____	_____
	_____	_____
	<input type="checkbox"/> Light _____	_____
	_____	_____
JUICES:	<input type="checkbox"/> Orange _____	_____
	<input type="checkbox"/> Apple _____	_____
	<input type="checkbox"/> Guava _____	_____
	<input type="checkbox"/> Grapefruit _____	_____
	<input type="checkbox"/> Pineapple _____	_____
	<input type="checkbox"/> Other _____	_____
WATER:	<input type="checkbox"/> Bottled _____	_____
	<input type="checkbox"/> Carbonated _____	_____
	<input type="checkbox"/> Soda _____	_____

*We may not always be able to accommodate requests for specific brands. As a consequence we may be required to substitute without notice.

ACTIVITY PREFERENCES

We need to know as much as possible about you and your shipmates to ensure a successful charter. Please give a brief description of your groups sailing experience:

If possible and applicable please indicate previous crewed charter experience: _____

Please rank the activities you most wish to participate in on your charter in order of importance.

12 = most important 1 = least important

Sailing Swimming Sunning Snorkeling
 Shopping Island tours Diving Nightlife
 Beachcombing Windsurfing Skiing Relaxing

Other Specific Activities: _____

Please indicate passengers shoe sizes for flippers:

Men's sizes: _____

Ladies sizes: _____

Children's sizes: _____

Will there be any special occasions for any of your party ?

Birthday? _____ Anniversary? _____ Honeymoon? _____

Other: _____

Date(s) & Guest(s): _____

FOOD PREFERENCE

To help your crew plan menus and provision your yacht according to your specific food and beverage preferences, it is important that you collect information from all members of your party. Rather than specifying a particular dish, we suggest you describe the type of meal and allow the chef to use her talents and imagination. In warm climates, you tend to eat less and lunch is normally a lighter meal sometimes served underway. The confines of a yacht galley prevent us from offering a menu selection (unless there are young children or vegetarians onboard), the chef generally presents only one entrée per meal.

Please check () any food items listed below that your party does **NOT** wish to have included.

Do Not Wish	#People	Do Not Wish	#People
<input type="checkbox"/> Bacon	_____	<input type="checkbox"/> Lamb	_____
<input type="checkbox"/> Beef	_____	<input type="checkbox"/> Pork	_____
<input type="checkbox"/> Chicken	_____	<input type="checkbox"/> Sausage	_____
<input type="checkbox"/> Fish	_____	<input type="checkbox"/> Shellfish	_____
<input type="checkbox"/> Ham	_____	<input type="checkbox"/> Veal	_____

Which of the above is your major preference (ie.how many nights would you prefer fish as opposed to meat _____)

Please check () the box(es) that your party **DOES** prefer

Breakfast

Continental _____
 American _____
 Other _____
 No, we do not eat breakfast

Lunch

Lighter _____
 Heartier _____
 Salads _____
 Sandwiches _____
 Other _____

Please check () the box(s) that your party DOES prefer

Entrée

American _____
 Vegetarian _____
 Italian _____
 French _____
 Caribbean _____
 Indian _____
 Kosher _____
 Oriental _____
 Other _____
 # of Vegetarians _____ Type _____

Do you prefer your portions: Large Med Small
 Do you prefer meals that are: Rich Light
 Do you eat desserts ? Yes No

Do you plan on enjoying any meals ashore ?

Yes _____

Are there any foods that you cannot live without ?

Yes _____

Are there any food allergies ?

No Yes _____

Are there any strong dislikes ?(liver, broccoli, Brussels sprouts, fish, etc.)

No Yes _____

Are there any dietary restrictions ? (ie low salt / cholesterol)

No Yes _____

Any Special Requests for your Children ?

Name: _____ Age _____ Drinks _____

Snacks _____

Name: _____ Age _____ Drinks _____

Snacks _____