

1. PASSENGER INFORMATION

Charterer: _____
E-mail: _____
Nationality: _____
Passport#: _____
Date of Birth: _____
Date of issue: _____ Expiry date: _____
Place of issue: _____
Place of birth: _____
Sharing a twin/double cabin with: _____
Allergies: Seafood/Shellfish Dairy Gluten/Wheat
 Bees/Wasps Peanut Medication
Personal dietary requirement: _____

 Vegetarian Vegan Raw Vegan Pescatarian
 Lacto-Ovo Vegetarian

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2. ITINERARIES

Please state any preferred cruising areas and particular ports or anchorages you would like to visit, if not already discussed with your charterer broker. If you plan to rendezvous with another yacht or friends in a specific port, please confirm where and when.

3. ACTIVITIES & INTERESTS

Please state any sporting/recreational activities you would particularly like provided, such as water skiing, diving (for certified divers only), touring, sightseeing, golf, tennis, yoga, massage, and beauty treatments etc. Please note that in some areas, diving is restricted. Note: not all yachts carry all toys.

4. ELEBRATIONS ON BOARD

Please advise any special event you would like to celebrate, e.g. birthday, wedding or anniversary.

Name: _____

Date: _____

Occasion: _____

5. FOOD

BREAKFAST

- Continental
- English
- Cereals
- Fresh fruits
- Pastries
- Coffee
- Decaffeinated coffee
- Juice
- Fresh fruit juices
- American
- Bread
- Yoghurt
- Oatmeal
- Milk
- Soy milk
- Tea
- Fresh vegetable juice
- Other: _____

What time do you generally prefer breakfast to be served?

- 6:30-8:30 am 8:30-10:30 am 10:30-11:30

MAIN MEALS

Lunch Family style Formal
Dinner Family style Formal

Please state food preferences

	Like	Dislike	Indifferent
Beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seafood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shellfish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetarian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____		

PREFERED MENUS/ DISHES

- Japanese Barbecue Local Cuisine
- Italian cuisine French cuisine Asian
- Indian Other _____

- Specialty food i.e. lobster, caviar, foie gras (please specify how often you would like any speciality foods listed)

DESERTS

In general do you prefer

- Rich Light Low fat
- Chocolate Fruits/fruit based
- Special requests: _____

WOULD YOU LIKE

- Day time snacks (please specify preferred types of snacks) _____
- Hors d'oeuvres with cocktails
- Buffet/light lunches
Three course meal Lunch Dinner

SPECIAL DIETERY REQUIREMENTS

- Salt free Low cholesterol Low carbohydrate
- Religious (please name) _____
- Other _____
- Allergies _____

CHILDREN’S MENU

(Please mention brands and flavors as appropriate)

- Hot dogs/hamburgers etc. Salads
- Pasta dishes Pizza
- Other (please specify favorite dishes) _____

- Do the children have any special dietary requirements?

Will children eat

- With adults Separately With nanny

Do you have any instructions for the crew for the children’s meals? _____

DO YOU OCCASIONALLY PLAN TO EAT ASHORE FOR

- Lunch Dinner

Please mention specific reservation you may have or would like to be made _____

6. WINES, SPIRITS & BEVERAGES

Please state where relevant specific brands and quantities required (quantities in “bottles” and “cans”) – these will be purchased where available and are specifically ordered for each charter.

BEER

Brand	Quantity
_____	_____
_____	_____
_____	_____
_____	_____

RED WINE

Brand	Price range per bottle	Year	Quantity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WHITE WINE

Brand	Price range per bottle	Year	Quantity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ROSE WINE

Brand	Price range per bottle	Year	Quantity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHAPMAGNE

Brand	Brut	Rose	Year	Quantity
<input type="checkbox"/> Krug	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Cristal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Ruinart	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Dom Perignon	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Moet et Chandon	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Armand de Brignac	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Veuve Clicquot	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Bollinger	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Other _____			_____	_____
_____			_____	_____
_____			_____	_____
_____			_____	_____
_____			_____	_____

SPIRITS

Brands	Quantity
<input type="checkbox"/> Brandy _____	_____
<input type="checkbox"/> Whisky _____	_____
<input type="checkbox"/> Gin _____	_____
<input type="checkbox"/> Vodka _____	_____
<input type="checkbox"/> Cognacs _____	_____
<input type="checkbox"/> Liqueurs _____	_____
<input type="checkbox"/> Tequila _____	_____
<input type="checkbox"/> Pimms _____	_____
<input type="checkbox"/> Rum _____	_____
<input type="checkbox"/> Other _____	_____
_____	_____
_____	_____
_____	_____
_____	_____

JUICES

		Quantity
<input type="checkbox"/> Orange	<input type="checkbox"/> Freshly Squeezed	_____
<input type="checkbox"/> Grapefruit	<input type="checkbox"/> Freshly Squeezed	_____
<input type="checkbox"/> Carrot		_____
<input type="checkbox"/> Pineapple		_____
<input type="checkbox"/> Apple	<input type="checkbox"/> Freshly Squeezed	_____
<input type="checkbox"/> Tomato		_____
<input type="checkbox"/> Cranberry		_____
<input type="checkbox"/> Vegetable	<input type="checkbox"/> Freshly Squeezed	_____
<input type="checkbox"/> Other		_____
_____		_____
_____		_____
_____		_____

BEVERAGES

	Brand	Quantity
<input type="checkbox"/> Still Mineral Water	_____	_____
<input type="checkbox"/> Sparking Mineral Water	_____	_____
<input type="checkbox"/> Cola	_____	_____
<input type="checkbox"/> Diet Cola	_____	_____
<input type="checkbox"/> Coca Zero	_____	_____
<input type="checkbox"/> (Home-made) Lemonade	_____	_____
<input type="checkbox"/> (home-made) Iced Tea	_____	_____
<input type="checkbox"/> R Whites Lemonade	_____	_____
<input type="checkbox"/> Ginger Ale	_____	_____
<input type="checkbox"/> Tonic Water	_____	_____
<input type="checkbox"/> Soda Water	_____	_____
<input type="checkbox"/> Red Bull	_____	_____
<input type="checkbox"/> Monster	_____	_____
<input type="checkbox"/> Other	_____	_____
_____		_____
_____		_____
_____		_____
_____		_____

7. FLOWERS

Initial flower display are complimentary, however please advise additional requirements. Flowers to be changed:

- Weakly When they need replaying
- No additional flowers
- Special requests _____
- _____
- _____
- _____
- Flowers or plant allergies _____
- _____
- _____
- _____
- _____

8. SPECIAL REQUIREMENTS

Please let us know if you would like a specific newspaper, magazine, or other reading material. We will make arrangements where possible.

Will you require internet connection? Yes No

Please list any other requirements or information that may be of use to the crew.

9. Medical Information

Are you allergic to medication? Yes No

If so what medications? _____

Please advise of any special needs such as wheelchair access or any medical condition such as diabetes, heart condition, epilepsy etc.

10. Medical & Emergency Contact

In the event of specialist medical conditions please confirm doctor's name and contact details:

Doctor's name: _____

E-mail address: _____

24hours telephone number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

11. CONTACT

Please give address and telephone number where you can contacted 48 hours prior to embarkation.

Telephone: _____

Mobile: _____

E-mail address: _____
