## 1. PASSENGER INFORMATION

Charterer:  E-mail:  Nationality:  Passport#:  Date of Birth:  Date of issue:  Place of issue:  Place of birth:  Sharing a twin/double cabin with:  Allergies:  Bees/Wasps  Peanut  Personal dietary requirement:	☐ Gluten/Wheat ☐ Medication	Nationality:	Expiry date: _ h: Diary □ Peanut	☐ Gluten/Wheat ☐ Medication
□ Vegetarian □ Vegan □ Raw Vegan □ Lacto-Ovo Vegetarian	□ Pescatarian	□ Vegetarian □ Vegan □ Lacto-Ovo Vegetarian	-	
Date of issue: Expiry date: _ Place of issue: Place of birth: Sharing a twin/double cabin with:		Charterer: E-mail: Nationality: Passport#: Date of Birth: Date of issue: Place of issue: Place of birth: Sharing a twin/double cabin wit	Expiry date: _	
Allergies:  Seafood/Shellfish Bees/Wasps Personal dietary requirement:	☐ Gluten/Wheat ☐ Medication	Allergies: ☐ Seafood/Shellfish ☐ Bees/Wasps Personal dietary requirement:	□Peanut	☐ Gluten/Whear ☐ Medication
□ Vegetarian □ Vegan □ Raw Vegan □ Lacto-Ovo Vegetarian	Pescatarian	□ Vegetarian □ Vegan □ Lacto-Ovo Vegetarian	□ Raw Vegan	□ Pescatarian
Charterer:  E-mail: Nationality: Passport#: Date of Birth: Date of issue: Place of issue: Place of birth: Sharing a twin/double cabin with: Allergies: Bees/Wasps Peanut Personal dietary requirement:	☐ Gluten/Wheat ☐ Medication	E-mail:Nationality:	Expiry date: _ h: Diary □Peanut	
□ Vegetarian □ Vegan □ Raw Vegan □ Lacto-Ovo Vegetarian	□ Pescatarian	□ Vegetarian □ Vegan □ Lacto-Ovo Vegetarian	□ Raw Vegan	□ Pescatarian

## PASSENGER INFORMATION

Charterer: E-mail: Nationality: Passport#: Date of Birth: Date of issue: Place of issue: Place of birth: Sharing a twin/double cabin with: Allergies: Seafood/Shellfish Bees/Wasps Personal dietary requirement:	Charterer: E-mail: Nationality: Passport#: Date of Birth: Date of issue: Place of issue: Place of birth: Sharing a twin/double cabin with: Allergies: Seafood/Shellfish Diary Gluten/Wheat Bees/Wasps Personal dietary requirement:
□ Vegetarian □ Vegan □ Raw Vegan □ Pescatarian □ Lacto-Ovo Vegetarian	□ Vegetarian □ Vegan □ Raw Vegan □ Pescatarian □ Lacto-Ovo Vegetarian
Charterer:	Charterer: E-mail: Nationality: Passport#: Date of Birth: Date of issue: Place of issue: Place of birth:
Place of birth:	Sharing a twin/double cabin with:  Allergies: Seafood/Shellfish Diary Gluten/Wheat  Bees/Wasps Peanut Medication  Personal dietary requirement:
□ Vegetarian □ Vegan □ Raw Vegan □ Pescatarian □ Lacto-Ovo Vegetarian	☐ Vegetarian ☐ Vegan ☐ Raw Vegan ☐ Pescatarian ☐ Lacto-Ovo Vegetarian
Charterer: E-mail: Nationality: Passport#: Date of Birth: Date of issue: Place of issue: Expiry date: Place of birth: Sharing a twin/double cabin with: Bees/Wasps Personal dietary requirement:	Charterer: E-mail: Nationality: Passport#: Date of Birth: Date of issue: Place of issue: Place of birth: Sharing a twin/double cabin with: Allergies: Seafood/Shellfish Diary Gluten/Wheat Bees/Wasps Peanut Medication Personal dietary requirement:
□ Vegetarian □ Vegan □ Raw Vegan □ Pescatarian □ Lacto-Ovo Vegetarian	— □ Vegetarian □ Vegan □ Raw Vegan □ Pescatarian □ Lacto-Ovo Vegetarian

## 2. ITINERARIES MAIN MEALS □Forma1 Lunch □Family style Please state any preferred cruising areas and particular ports or □Family style □ Formal Dinner anchorages you would like to visit, if not already discussed with Please state food preferences your charterer broker. If you plan to rendevous with another yacht Like Dislike Indifferent or friends in a specific port, please confirm where and when. Beef Pork Lamb Duck Chicken $\Box$ $\Box$ Veal 3. ACTIVITIES & INTERESTS Fish Seafood Please state any sporting/recreational activities you would Shellfish particularly like provided, such as water skiing, diving (for Vegetarian certified divers only), touring, sightseeing, golf, tennis, yoga, Salads massage, and beauty treatments etc. Please note that in some Other\_\_ areas, diving is restricted. Note: not all yachts carry all toys. PREFERED MENUS/ DISHES □Barbecue □Local Cuisine Japanese Italian cuisine □French cuisine □Asian 4. ELEBRATIONS ON BOARD □Other\_\_\_\_\_ $\Box$ Indian Specialty food i.e. lobster, caviar, foie gras (please Please advise any special event you would like to celebrate, e.g. specify how often you would like any speciality foods birthday, wedding or anniversary. listed) Name: Date: Occasion: 5. FOOD DESERTS In general do you prefer **BREAKFAST** □Light □ Rich □Low fat □Fruits/fruit based Chocolate Continental Special English requests:\_\_\_ Cereals $\Box$ Fresh fruits Pastries Coffee WOULD YOU LIKE $\Box$ Decaffeinated coffee ☐ Day time snacks (please specify preferred types of Juice snacks)\_\_\_\_\_ Fresh fruit juices American Hors d'oeuvres with cocktails Bread Buffet/light lunches Yoghurt □Dinner □Lunch Three course meal Oatmeal Milk Soy milk SPECIAL DIETERY REQUIREMENTS Tea □Low cholesterol □Low carbohydrate □Salt free Fresh vegetable juice Religious (please name) Other:\_\_\_\_\_ П Other\_\_\_\_\_ Allergies\_\_\_\_\_ What time do you generally prefer breakfast to be served?

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

WHITE WINE Brand	Price range per bottle	Year	Quantity
ROSE WINE Brand	Price range per bottle	Year	Quantity
CHAPMAGNE Brand  Krug Cristal Ruinart Dom Perignon Moet et Chandon Armand de Brignac Veuve Clicquot Bollinger Other		e Year	Quantity
<ul> <li>□ Brandy</li> <li>□ Whisky</li> <li>□ Gin</li> <li>□ Vodka</li> <li>□ Cognacs</li> <li>□ Liqueurs</li> </ul>			Quantity
	ROSE WINE Brand  CHAPMAGNE Brand  Krug Cristal Ruinart Dom Perignon Moet et Chandon Armand de Brignac Veuve Clicquot Bollinger Other CHAPMAGNE Brand Liqueurs Liqueurs	ROSE WINE Brand Price range per bottle  CHAPMAGNE Brand Brut Rose Cristal                 Ruinart               Moet et Chandon               Armand de Brignac               Veuve Clicquot                 Bollinger               Other               Whisky                   Whisky                   Gin     Vodka                 Cognacs                       Liqueurs                         Liqueurs                         Cognacs                           Liqueurs                                 Bollinger	ROSE WINE Brand Price range per bottle  Wear  ROSE WINE Brand Price range per bottle  Wear  Price range Price rang

Please let us know if you would like a specific newspaper, magazine, or other reading material. We will make arrangements where possible.	JUICES		Quantity	8. SPECIAL REQUIREMENTS
Grapefroit   Freshly Squeezed	=	Freshly Squeezed	Quantity	
□ Carrot Pincapple □ Freshly Squeezed □ Tomato □ Camberry □ Vegetable □ Freshly Squeezed □ Tomato □ Camberry □ Vegetable □ Freshly Squeezed □ Tomato □ Camberry □ Vegetable □ Freshly Squeezed □ Will you require internet connection? □ Yes □ No Please list any other requirements or information that may be of use to the crew.    BEVERAGES □ Still Mineral Water □ Sparking Mineral Water □ Diet Cola □ □ Coca Zero □ (Home-made) Lemonade □ Coca Zero □ (Home-made) Lemonade □ Gome-made) Lemonade □ Cora E R Whites Lemonade □ Freshly Squeezed □ Please advise of any special needs such as wheelehair access or any medical condition such as diabetes, heart condition, epilepsy etc. □ Tonic Water □ Soda Water □ Soda Water □ Cother □ Other □ Other □ Tonic Water □ Cother □ Other □ Tonic Water □ Cother □	_			Please let us know if you would like a specific newspaper,
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Apple   Grandor   Apple				
□ Tonato □ Cranberry □ Vegetable □ Freshly Squeezed □ Other □ Will you require internet connection? □ Yes □ No Please list any other requirements or information that may be of use to the crew. □ Still Mineral Water □ Sparking Mineral Water □ Cola □ Diet Cola □ Home-made   Lemonade   Home-made   Lemonade   Home-made   Lemonade   Home-made   Lemonade   Home-made   Lemonade   Home-made   Lemonade   Home-made   Ho				1
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Vegetable				
Other	□ Cranberry			
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BEVERAGES    Still Mineral Water				use to the crew.
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Sparking Mineral Water Cola Diet Cola Pit So what medications? Please advise of any special needs such as wheelchair access or any medical condition such as diabetes, heart condition, epilepsy etc.  Please advise of any special needs such as wheelchair access or any medical condition such as diabetes, heart condition, epilepsy etc.  Please advise of any special needs such as wheelchair access or any medical condition such as diabetes, heart condition, epilepsy etc.  Please advise of any special needs such as wheelchair access or any medical condition such as diabetes, heart condition, epilepsy etc.  Please advise of any special needs such as wheelchair access or any medical condition such as diabetes, heart condition, epilepsy etc.  Please advise of any special needs such as wheelchair access or any medical condition such as diabetes, heart condition, epilepsy etc.  Please advise of any special needs such as wheelchair access or any medical condition such as diabetes, heart condition, epilepsy etc.  Please advise of any special needs such as wheelchair access or any medical condition such as diabetes, heart condition, epilepsy etc.  Please advise of any special needs such as wheelchair access or any medical conditions such as diabetes, heart condition, epilepsy etc.  Please advise of any special needs such as wheelchair access or any medical conditions please confirm doctor's name and contact details: Doctor's name and contact details: Doctor's name: E-mail address:  E-mail address:  E-mail address:  Please give address and telephone number where you can contacted 48 hours prior to embarkation.  Telephone:  Mobile:		Brand	Quantity	
□ Sparking Mineral water □ Cola □ Diet Cola □ Coca Zero □ (Home-made) Lemonade □ (home-made) Lemonade □ (home-made) Led Tea □ R Whites Lemonade □ Tonic Water □ Soda Water □ Red Bull □ Monster □ Other □ Other □ 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: □ Special requirements. Flowers to be changed: □ Weakly □ When they need replaycing □ No additional flowers □ Special requests □ Flowers or plant allergies □ Flowers or plant allergies □ Mobilie: □ Mobilie: □ Mobilie: □ Medical & Emergency Contact  In the event of specialist medical conditions please confirm doctor's name: □ E-mail address: □ Special requests □ No additional requirements. Flowers to be changed: □ Weakly □ When they need replaycing □ No additional flowers □ Special requests □ Flowers or plant allergies □ Mobilie: □ Mob				9 Madical Information
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Chome-made) Leed Tea	□ (Home-mad	le) Lemonade		
□ R Whites Lemonade	□ (home-made	e) Iced Tea		
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Tonic Water Red Bull Monster Other  Tonic Water No Addictional flowers Special requirements, however please advise additional requirements, Flowers to be changed: Weakly Went they need replaycing No additional flowers Special requests  Tonic Water No Medical & Emergency Contact  Email address: Emergency Contact Name: Emergency Contact Number: Emergency Contact Number:  Tonic Water  Tonic Water No Additional flowers Special requests  The CONTACT  Please give address and telephone number where you can contacted 48 hours prior to embarkation. Telephone: Mobile:	□ Ginger Ale			etc.
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Monster	□ Red Bull			
Other	□ Monster			
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Please give address and telephone number where you can contacted 48 hours prior to embarkation.  Telephone:  Mobile:				11. CUNTACT
contacted 48 hours prior to embarkation.  Telephone:  Mobile:				Please give address and talanhone number where you can
☐ Flowers or plant allergies Telephone: Mobile:				contested 49 hours prior to ambaritation
Mobile:		1 . 11 .		
Mobile:	□ Flowers or p	piant allergies		
E-mail address:				Mobile:
				E-mail address:

## 11. TRAVEL ARRANGEMENTS

To assist you in meeting your travel arrangements please provide the following details for yourself and any other members of your party. We can arrange for transport to meet you at the airport and escort you to the yacht (at the charterer's expense).

Names Arrival date Time Flight no. No. of persons Arrival airport Departure date Time Flight no. No. of persons Departure airport If overnight stay Hotel name Hotel telephone Hotel e-mail	Guest party 1	Guest party 2	Guest party 3	Guest party 4	
Names Arrival date Time Flight no. No. of persons Arrival airport Departure date Time Flight no. No. of persons Departure airport If overnight stay Hotel name Hotel telephone Hotel e-mail	Guest party 5	Guest party 6	Guest party 7	Guest party 8	
2. How much into	urs per day do you prefe l assist us in clarifying y	your cruising preferences)	ı prefer discreet service or a	specially on extensive itinerar	ies

Please advise if guests need collecting from a hotel and if so, please provide details including address.					
Please advise of any additional information you would like the cre	Please advise of any additional information you would like the crew to have plus any special requests or notes.				