

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. CELEBRATIONS 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 specialty 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 DIETARY 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:

- Weekly when they need replacing
 - 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 advice 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 be contacted 48 hours prior to embarkation.

Telephone: _____
Mobile: _____
E-mail address: _____

