



## FOOD, BEVERAGE & GENERAL PREFERENCE SHEET

To assist with the preparation of your charter and to make sure we have everything prepared for the perfect cruise, please complete the following. This information should be for all guests.

**Please list all members of your charter party.**

NAME	ADDRESS	AGE	U.S. CITIZEN
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No

If other than U.S. Citizen, please specify: \_\_\_\_\_

Contact for charter party \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### Airline Information:

Arrival Date: \_\_\_\_\_ Airline and Flight No.: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Airline and Flight No.: \_\_\_\_\_ Departure Time: \_\_\_\_\_

### Hotel Accommodations or where you will be staying before the charter:

Name of Hotel: \_\_\_\_\_ Date In: \_\_\_\_\_ Date Out: \_\_\_\_\_

Name of Hotel: \_\_\_\_\_ Date In: \_\_\_\_\_ Date Out: \_\_\_\_\_

If not staying in a hotel, address where you will be staying: \_\_\_\_\_

Medical Problems (Heart, Epilepsy, Diabetes, etc.): \_\_\_\_\_

**You Are Mostly....**

Active, on-the-go types \_\_\_\_\_  
Interested in relaxing and unwinding \_\_\_\_\_  
Ready to take each day as it develops \_\_\_\_\_

**Charter Activities:**

Please indicate your preference on the following activities (High, Medium, Low).

Sailing \_\_\_\_\_ Shore Tours (fees not included in charter) \_\_\_\_\_  
Swimming \_\_\_\_\_ Snorkeling \_\_\_\_\_  
Shopping \_\_\_\_\_ Music & Dancing \_\_\_\_\_  
Sunning \_\_\_\_\_ Beachcombing \_\_\_\_\_

Give a brief description of your group’s sailing and chartering experience.

\_\_\_\_\_  
\_\_\_\_\_

**FOOD PREFERENCE**

**BREAKFASTS:**

What time do you normally get up in the morning while on vacation? \_\_\_\_\_

What time would you like to eat breakfast on vacation? \_\_\_\_\_

**YOU WOULD PREFER:**

Continental: \_\_\_\_\_ American: \_\_\_\_\_ Both: \_\_\_\_\_  
Tea: \_\_\_\_\_ Coffee / Espresso: \_\_\_\_\_ Regular: \_\_\_\_\_ Decaf: \_\_\_\_\_  
Juices: \_\_\_\_\_ Favorites: \_\_\_\_\_  
Milk: \_\_\_\_\_ Type of milk: \_\_\_\_\_

Please circle your breakfast favorites and indicate type if you have a preference:

Eggs \_\_\_\_\_ French Toast \_\_\_\_\_ Yogurt \_\_\_\_\_  
Bacon \_\_\_\_\_ Pancakes \_\_\_\_\_ Fruit \_\_\_\_\_  
Sausage \_\_\_\_\_ Coffee Cake \_\_\_\_\_ Muffins \_\_\_\_\_  
Cereal \_\_\_\_\_ Bagels \_\_\_\_\_ Other: \_\_\_\_\_

**LUNCHES:**

Light: \_\_\_\_\_ Moderate: \_\_\_\_\_ Full: \_\_\_\_\_

Do you prefer: Hot: \_\_\_\_\_ Cold (sandwich): \_\_\_\_\_ Salads: \_\_\_\_\_

What are your favorite snacks? \_\_\_\_\_

**DINNERS:**

Light: \_\_\_\_\_ Moderate: \_\_\_\_\_ Full: \_\_\_\_\_

Please circle the items you like and cross-out your dislikes:

Beef	Pork	Fish
Lamb	Chicken	Shellfish
Veal	Turkey	Special favorites: _____
Duck	Sausage	Other: _____

Potatoes	Pasta	Rice
Broccoli	Asparagus	Green Beans
Spinach	Cauliflower	Carrots
Peas	Corn	Zucchini
Tomatoes	Squash	Mushrooms
Sweet Peppers	Cabbage	Special favorites: _____
		Other: _____

Would you prefer: \_\_\_\_\_ Hors d' oeuvres and dessert every night?  
 \_\_\_\_\_ Alternating hors d' oeuvres and dessert?  
 \_\_\_\_\_ Hors d' oeuvres only?  
 \_\_\_\_\_ Dessert only?

Do you enjoy wine with dinner? \_\_\_\_\_ Yes, generally  
 \_\_\_\_\_ No, I prefer: \_\_\_\_\_

Will you be having dinner ashore? \_\_\_\_\_ Yes ( \_\_\_\_\_ 1 night, \_\_\_\_\_ 2 nights)  
 \_\_\_\_\_ No  
 (Please understand that this is at your expense and will not be deducted from your charter fee.)

Do you have any major food dislikes? \_\_\_\_\_

Do you have any dietary requirements? \_\_\_\_\_

Do you have any food allergies? \_\_\_\_\_

**BAR:**

Please circle your beverage preferences, noting approximate quantities per day.

**SODAS:**      Coke                      Diet Coke                      Pepsi                      Diet Pepsi  
                   7-Up                              Diet 7-Up                      Root Beer                      Ginger Ale  
                   Club Soda                      Fruit Juices                      Tonic                      Bottled Water  
 Other: \_\_\_\_\_

**BEER:**      **Per Day**      **QTY**                      **QTY**                      **QTY**                      **QTY**

Amstel	_____	Corona	_____	Budweiser	_____	Carlsburg	_____
Coors	_____	Fosters	_____	Heineken	_____	Michelob	_____
Miller	_____	O'Douls	_____	Lite	_____		_____

Other: \_\_\_\_\_

**LIQUOR:**      **Per Day**      **QTY**                      **QTY**                      **QTY**

Gin	_____	Scotch	_____	Bourbon	_____
Vodka	_____	Rum	_____	Tequila	_____

Other: \_\_\_\_\_  
 Mixers: \_\_\_\_\_

**WINE:**      Chardonnay                      Sauvignon Blanc                      Chablis                      Riesling  
                   Cabernet                      Pinot Noir                      Merlot                      Pinot Grigio  
 Other: \_\_\_\_\_

**LIQUEURS:**      Ameretto                      Baileys                      Sambuca                      Countreau  
                   Drambuie                      Frangelico                      Galliano                      Grand Marnier  
                   Kahlua                      Pimm's                      Porto  
 Other: \_\_\_\_\_