

# CHARTER GUEST PREFERENCES

Taking the time to complete this form will ensure the crew are ready to provide the food, drinks and service that you and your guests enjoy.

## **BREAKFAST**

Continental     English     American     Other

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **LUNCH**

Buffet style     1 Course     2 Course     Dessert

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **DINNER**

Canapés  
 Formal     Informal     2 Course     3 Course     Dessert

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **DIETARY REQUIREMENTS**

Please advise if you have any dietary requirements so that the chef can plan menus accordingly.

- Vegetarian       Vegan       Kosher       Low carb  
 Low cholesterol       Gluten free       Diabetic       Lactose free

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **FOOD AND DRINK PREFERENCES**

The following will help us to advise the yacht on what to purchase before your cruise

<b>CUISINE</b>	<b>LIKE</b>	<b>DISLIKE</b>	<b>COMMENTS</b>
French	<input type="checkbox"/>	<input type="checkbox"/>	_____
Italian	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	_____
American	<input type="checkbox"/>	<input type="checkbox"/>	_____
Middle Eastern	<input type="checkbox"/>	<input type="checkbox"/>	_____
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thai	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	_____
Indian	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____



FOOD GROUP	LIKE	DISLIKE	COMMENTS
Red meat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pork	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chicken	<input type="checkbox"/>	<input type="checkbox"/>	_____
Duck/game	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fish	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shellfish	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pasta	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fruit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salads	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cheese	<input type="checkbox"/>	<input type="checkbox"/>	_____
Desserts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hors d'oeuvres	<input type="checkbox"/>	<input type="checkbox"/>	_____
Snacks	<input type="checkbox"/>	<input type="checkbox"/>	_____

COLD BEVERAGES	LIKE	DISLIKE	COMMENTS
Coca Cola	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diet Coca Cola	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sprite/7 up	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orangina	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ginger Beer/Ale	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tonic	<input type="checkbox"/>	<input type="checkbox"/>	_____
Iced Tea	<input type="checkbox"/>	<input type="checkbox"/>	_____
Juices	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____



WATER	LIKE	DISLIKE	COMMENTS
Still	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sparkling	<input type="checkbox"/>	<input type="checkbox"/>	_____

HOT BEVERAGES	LIKE	DISLIKE	COMMENTS
Espresso	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cappuccino	<input type="checkbox"/>	<input type="checkbox"/>	_____
Decaffinated	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tea - breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tea - earl gray	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tea - green	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tea - herbal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

ALCOHOL	LIKE	DISLIKE	COMMENTS
Vodka	<input type="checkbox"/>	<input type="checkbox"/>	_____
Whiskey	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gin	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bourbon	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tequila	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rum	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cognac	<input type="checkbox"/>	<input type="checkbox"/>	_____
Liqueurs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Beer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cider	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Preferred cocktails: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## **WINES AND CHAMPAGNES**

Please state your preferred wines and champagnes. Please give an indication of your quantity and budget per bottle.

White wines

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Rose wines

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Red wines

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Champagnes

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## **GENERAL PREFERENCES**

Are there any restaurants that you would like to dine at?

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Are there any newspapers or magazines that you would like to read onboard?

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Do you have any specific music or films that you would like to have onboard?

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Any other specific requests?

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## **MASSAGE AND SPA TREATMENTS**

Please indicate if you would like massages or any other spa treatments during your cruise. If so how often and for how many guests?

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## **CHILDREN**

Do your children eat with you or separately:  With you  Separately

Do your children eat at any particular times: \_\_\_\_\_

Please give details of any special requirements they may have, particularly drinks, snacks etc: \_

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## **ADDITIONAL INFORMATION**

Please add any further information which will help the crew to know you - are you an early riser? Do you like to exercise? etc

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SAVE DOCUMENT  
**THANK YOU**

