Your Adventure Awaits! In order for your sailing vacation to be as outstanding as possible, please answer the following questions. Provisions and supplies are hard to source once you begin your trip. Your crew needs to know your entire party's preferences accurately to accommodate your tastes. A little extra time spent filling this out, goes a long way. ~ Thank you!

Your Captain or Chef will be calling you to review your preference sheet a week prior to boarding.

LEAD GUEST:	EMAIL:	CELL:
1. ARRIVAL AIRPORT:		DEPARTURE AIRPORT:
ARRIVAL DATE:	AIRLINE & FL	.IGHT #:TIME:
DEPARTURE DATE:	AIRLINE & FL	.IGHT #:TIME:
HOTEL DETAILS BEFORE C	OR AFTER THE CH	ARTER:
DATE IN:		_ CHECKOUT:
2. PASSENGER INFORMAT	TION:	
Charterer:		Charterer:
Email:		
-		
Passport Number:		
Nationality:		
Date of Birth:		Date of Birth:
Date of Passport Issue:		Date of Passport Issue:
Date of Passport Expiry:		
Place of Birth:		
Sharing a Cabin With:		Sharing a Cabin With:
Occupation:		
Allergies:Seafood/Shellfish Bees/Wasps Peanuts	Soy Medication	Allergies:Seafood/Shellfish Dairy Gluter Bees/Wasps Peanuts Soy Medication
Personal Dietary Requirement	•	Personal Dietary Requirement:
Medical Issues:		Medical Issues:
Shoe Size (For Snorkel/Dive Fi	ns):	Shoe Size (For Snorkel/Dive Fins):
Charterer:		_ Charterer:
Email:		
Cell:		Cell:
Passport Number:		
Nationality:		Nationality:
Date of Birth:		Date of Birth:
Date of Passport Issue:		Date of Passport Issue:
Date of Passport Expiry:		Date of Passport Expiry:
		Place of Birth:
Sharing a Cabin With:		Sharing a Cabin With:
Occupation:		Occupation:
Allergies:Seafood/Shellfish		Allergies:Seafood/Shellfish Dairy Gluter
Bees/Wasps Peanuts		Bees/Wasps Peanuts Soy Medication
Personal Dietary Requirement		Personal Dietary Requirement:
Medical Issues:		Medical Issues:
Shoe Size (For Snorkel/Dive Fi	ns):	Shoe Size (For Snorkel/Dive Fins):

Dairy Gluten by Medication	Nationality:	
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	Cell: Passport Number: Nationality: Date of Birth: Date of Passport Issue: Date of Passport Expiry: Place of Birth: Sharing a Cabin With:	
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	Date of Passport Issue: Date of Passport Expiry: Place of Birth: Sharing a Cabin With:	
	Date of Passport Expiry:Place of Birth:Sharing a Cabin With:	
	Place of Birth:Sharing a Cabin With:	
	Sharing a Cabin With:	
	Occupation:	
Dairy Gluten	Allergies:Seafood/Shellfish Dairy Glute	
oy Medication	Bees/Wasps Peanuts Soy Medicat	
	Personal Dietary Requirement:	
	Medical Issues:	
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Γ YOU WANT TO	O DO ON THIS TRIP:	
NG W	AKEBOARDING SCUBA DIVING	
	ADDLEBOARDING SNUBA	
	EADING? SNORKELING	
	ELAXING TUBING	
	PA TREATMENTS	
indirite of	THE THE TOTAL TO	
ILING TRIP BEF	FORE, DETAILS?	
	P: Are you celebrating anything special, other that ary? Honeymoon? Other?	
	NG W G PA NG R ARDING S ILING TRIP BEI FRING THIS TRIP	

met. Please give a brie charter experience.	ow as much about you as pos f description of you previous	sailing or boating exp	erience, as well as any past		
I'm a greenhorn	pleasurable hours sailing & wasailor, but ready to learn! rilling to leave the sailing to the		nysen!		
I prefer bar hopp	wn: onlit evenings aboard with my oing, music and action ashore i ice of life! Let's plan each day	n the evenings!	d wine & music.		
I need naps during	arly and go to bed early. ng the day. late and sleep in the next mor	rning.			
Searching out ur Forget it! I want Crew Interaction: I want the crew	ence the local culture & shoppinique places to eat is an import to stay away from civilization to interact and have fun with u to be available but more reserved.	tant part of my travel ad !! us!	venture.		
FOOD PREFERENCE	ES: WHO LIKES or	FOOD	WHO LIKES or		
1000	DISLIKES	1000	DISLIKES		
BEEF		TURKEY			
CHICKEN		HAM			
FISH		SALADS			
SHRIMP		CHEESES			
LOBSTER		CHIPS			
PORK & BACON		NUTS			
LAMB		FRUIT			
DUCK		YOGURT			
VEAL		BREAD			
	n? Do The Strong Food Dislikes, Uniqu				
	Cooking Styles:				
	Generally Prefer Breakfast t				

D. Favorite Desserts? _			Dessert Every Night?
E. What are Your Favo	orite Snacks?		
F. Do You want Appeti	zers & Cocktails Ever	ry Evening?	
G. Do You Want Heavy	y or Light Lunches or	a Combo of Bot	h?
H. Do You Want a 3 Co	ourse Dinner at Night	?	
OUR SPECIAL NOTE	ES FOR THE CHEF:		
local cuisine. Your crew for a dinner ashore.	can suggest a fun plac	e for lunch and/0I	ur charter fee, it's always nice to sample the R on a special night, somewhere perfect
Would you enjoy			
JUST FOR KIDS: CH	ILDREN'S MENU: (1	Please mention bra	ands & flavors as appropriate.)
A. What are their favori	te meals, snacks & bev	verages?	
B. Are they adventures	ome eaters & like to try	new things?	
C. Any meal suggestion	s if they are picky eate	ers?	
			meal time?
WINE, BEER & SPIR			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TYPE/BRAND	QUANTITY	COMMENTS
RED WINE			
WHITE WINE			
ROSE WINE			
CHAMPAGNE			
PROSECCO			
RUM			
VODKA			
TEQUILA			
GIN			
SCOTCH/BOURBON			
LIQUEURS			
BEER			

water from the supply facilities for ing their guests opreciates your d what level
supply facilities for ing their guests
ensive sts.