

PREFERENCE SHEET

Please take some time to complete this preference sheet, in order for us to be able to offer you high quality services. Please note that, apart from the first table, filling in the rest of the information on this sheet is optional (but helpful in order for us to meet your preferences).

Please list all members of your charter (Passports are required by the law):

Full Name (First name; Middle name; Surname)	Date of Birth	Passport Number	Country of issue

Are there any specific places you would like to visit while on board?

Are there any special charter activities you would like to do?

Snorkeling	<input type="checkbox"/>	Water Ski	<input type="checkbox"/>	Island Tour	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	Scuba Diving	<input type="checkbox"/>	Shopping	<input type="checkbox"/>
Windsurfing	<input type="checkbox"/>	Water Craft	<input type="checkbox"/>	Casino	<input type="checkbox"/>
Fishing	<input type="checkbox"/>	Working out	<input type="checkbox"/>	Dining Ashore	<input type="checkbox"/>

**Note that these activities are not necessarily offered on board, and special arrangements may have to be made.*

Will you celebrating any special occasion during your charter? Yes No

Anniversary Birthday Other Dates:

Will any member of your party require special assistance while on board?

Please include any additional information that you feel the Captain should be aware of.

FOOD PREFERENCES

Do any members of your party have any special dietary requirements?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Allergies <input type="checkbox"/>	Salt Free <input type="checkbox"/>	Low Cholesterol <input type="checkbox"/>	Kosher <input type="checkbox"/>	Halal <input type="checkbox"/>	Vegetarian <input type="checkbox"/>	Other <input type="checkbox"/>
Additional Information:						

Please check your food preferences, and add any specific preparation guidelines where necessary.

Fish		
Shellfish		
Beef		
Pork		
Chicken		
Lamb		
Veal		
Turkey		
Vegetarian		
Pasta		
Other		

Please add any fruit preferences.

Fruit:	
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---- Breakfast Preferences ----

White Bread	Bacon	Croissant	Cream Cheese
Whole-grain Bread	Sausage	Pancake	Honey
French Toast	Ham	Muffin	Cereals
Whole Milk	Potatoes	Butter	Jelly/ Jam
Low-fat Milk	Eggs	Cheese	Other
Additional Information:			

---- Snacks Preferences ----

Chips/Crisps		Cookies		Crackers		Nuts	
Chocolate		Ice cream		Yoghurt		Other	
Additional Information:							

Any additional preferences?

BEVERAGE PREFERENCES

Please note your preferable drinks, and approximate quantity.

MILK	Whole	<input type="checkbox"/>	Semi-Skimmed	<input type="checkbox"/>	Skimmed	<input type="checkbox"/>	Soya	<input type="checkbox"/>	Other	<input type="checkbox"/>
Additional Comments:										
COFFEE	Decaffeinated	<input type="checkbox"/>	Espresso	<input type="checkbox"/>	Cappucino	<input type="checkbox"/>	Latte	<input type="checkbox"/>	Other	<input type="checkbox"/>
Additional Comments:										
TEA	Earl Grey	<input type="checkbox"/>	English Breakfast	<input type="checkbox"/>	Herbal	<input type="checkbox"/>	Ice tea	<input type="checkbox"/>	Other	<input type="checkbox"/>
Additional Comments:										
WATER	Perrier	<input type="checkbox"/>	Evian	<input type="checkbox"/>	San Pellegrino	<input type="checkbox"/>	Local	<input type="checkbox"/>	Other	<input type="checkbox"/>
Additional Comments:										
JUICE	Orange	<input type="checkbox"/>	Pineapple	<input type="checkbox"/>	Grapefruit	<input type="checkbox"/>	Apple	<input type="checkbox"/>	Other	<input type="checkbox"/>
Additional Comments:										
SOFT DRINKS	Coke	<input type="checkbox"/>	Diet Coke	<input type="checkbox"/>	Sprite	<input type="checkbox"/>	Lemonade	<input type="checkbox"/>	Other	<input type="checkbox"/>
Additional Comments:										
BEER	Budweiser	<input type="checkbox"/>	Corona	<input type="checkbox"/>	Heineken	<input type="checkbox"/>	Mythos	<input type="checkbox"/>	Other	<input type="checkbox"/>
Additional Comments:										

--- Spirits ---

Kind	Quantity	Brand
Whisky		
Brandy		
Gin		
Vodka		
Rum		
Liqueur		

--- Champagne ---

Brand	Quantity
Dom Perignon	
Veuve Clicquot	
Moet et Chandon	
Other:	

--- Wine ---

White						Price Range/ per bottle
Chardonnay		Sauvignon Blanc		Moscato		
Local <input type="checkbox"/>	Foreign <input type="checkbox"/>	Local <input type="checkbox"/>	Foreign <input type="checkbox"/>	Local <input type="checkbox"/>	Foreign <input type="checkbox"/>	
Red						Price Range/ per bottle
Cabernet Sauvignon		Merlot		Pinot Noir		
Local <input type="checkbox"/>	Foreign <input type="checkbox"/>	Local <input type="checkbox"/>	Foreign <input type="checkbox"/>	Local <input type="checkbox"/>	Foreign <input type="checkbox"/>	
Rose´						Price Range/ per bottle
Syrah Rose´		Grenache		Sangiovese		
Local <input type="checkbox"/>	Foreign <input type="checkbox"/>	Local <input type="checkbox"/>	Foreign <input type="checkbox"/>	Local <input type="checkbox"/>	Foreign <input type="checkbox"/>	