

PREFERENCE SHEET

We need to know as much as possible about you and your shipmates to insure a successful charter. Please take the time to complete this form. Thank you.

Charter Party: _____

Charter Yacht: _____

Charter Dates: _____

Contact for Charter Party: _____ Daytime Contact #: _____

Please list all members of your charter party: (please provide the following information for all passengers)

| | | | |
|-------------------|-----------------|-----------------|----------------|
| First Name | Middle Initial | Last Name | Date of Birth |
| Street Address: | | | |
| Place of Birth | Passport Number | Expiration Date | Place of Issue |
| First Name | Middle Initial | Last Name | Date of Birth |
| Street Address: | | | |
| Place of Birth | Passport Number | Expiration Date | Place of Issue |
| First Name | Middle Initial | Last Name | Date of Birth |
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| Place of Birth | Passport Number | Expiration Date | Place of Issue |
| First Name | Middle Initial | Last Name | Date of Birth |
| Street Address: | | | |
| Place of Birth | Passport Number | Expiration Date | Place of Issue |

Please attach additional pages for passengers if needed.

Airline Information

| | | | |
|---------------------|--|-----------------|--|
| Arrival Date: | | Arrival Time: | |
| Airline & Flight #: | | | |
| Departure Date: | | Departure Time: | |
| Airline & Flight #: | | | |

Hotel Accommodations

| | | | |
|----------------|--|-----------|--|
| Name of Hotel: | | | |
| Date In: | | Date Out: | |

Medical Problems (heart, epilepsy, diabetes, etc.)

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Please give a brief description of your group's sailing and chartering experience.

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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 preferences on the following activities:

| | | | |
|--------------|--|-----------------|--|
| Sailing | | Island Tours | |
| Swimming | | Snorkeling | |
| SCUBA Diving | | Windsurfing | |
| Shopping | | Fishing | |
| Sunning | | Beachcombing | |
| Waterskiing | | Music & Dancing | |
| Other | | Other | |

Please make a few notes as to how you prefer to eat to allow the cook to accommodate your tastes. This is for your entire charter party—please get together—it’s important to us.

| <u>FOOD</u> | <u>SPECIAL LIKES</u> | <u>DISLIKES</u> | <u>Comments</u> |
|--------------------|-----------------------------|------------------------|------------------------|
| Beef | | | |
| Pork | | | |
| Lamb | | | |
| Veal | | | |
| Chicken | | | |
| Turkey | | | |
| Duck | | | |
| Fish | | | |
| Shellfish | | | |
| Other | | | |

SPECIAL NOTES

Breakfast: American _____ Continental _____ Both _____

Lunch: Light _____ Heavy _____ Hot _____ Cold _____

Dinner: Do you plan dinner ashore one night? _____

Please understand this is at your expense and will not be deducted from your charter fee.

Dessert: Do you enjoy desserts or do you find a good meal sufficient? _____

Snacks: _____

BAR: Please note approximate quantities and brands

SODAS/MIXES: _____

BEER: (Cases) _____

Regular () _____ Light () _____

LIQUEURS: _____

LIQUOR: (Fifths) Gin () _____ Vodka () _____ Bourbon () _____
Scotch () _____ Rum () _____ Other () _____

WINE: _____

Standard brand liquors and wines supplied. Requested vintage wines and champagnes will be put aboard at the charter's expense.

ALLERGIES AND DIETARY REQUIREMENTS:

SPECIAL OCCASIONS DURING YOUR CHARTER YOU WOULD LIKE THE CREW TO BE AWARE OF:
Birthday ____ Anniversary ____ Honeymoon ____ Other _____ Date _____

FOR KIDS ONLY

NAME _____ Age _____

Cold Drinks _____

Snacks _____

I LIKE: _____

I DON' T LIKE: _____

Please limit your choices, as storage aboard your yacht is limited. Remember you are coming to the islands . . . the crew will try their best, but occasionally certain requests and brands are just not available.