

GROUP PREFERENCE QUESTIONNAIRE

A) Group Information

Party Leader Name:			
Address for all correspondence:			
Tel: Day:	Evening:	Fax:	
Mobile:	E-mail:		
Emergency contact, name:			Tel:
Fax:			E-mail:

Is this your first crewed yacht charter?	
If No, please give details. Number of crewed charters you already experienced:	
About your last crewed charter: Company: Date: Destination: Yacht (type and name):	

B) List Of Group Members

Last name*	Name*	Date of Birth D/M/Y*	Place of Birth*	Passport Number*	Nationality*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

* Important details for crew list

C) Charter Information:

Date/Port Embark:	
Date/Port Disembark:	

D) Transfer information:

Where would you like to be greeted (airport, hotel...)?		
	Arrival	Departure
Date:		
Time:		
Airport:		
Airline/Flight No.		
From/To		
Hotel information (if any) name, tel:		

E) Special information:

-Is there any medical information we should know about your party (Allergies, Epilepsy, Diabetes, etc)?	
-Will you be celebrating a special occasion during your charter (Birthday, Anniversary, etc)?	

F) Food

Cuisine is a significant part of any holiday, so we need you to provide some preliminary information. This is truly a custom made holiday and is designed around group desires and wishes. Please consult our suggested menus and give us your preferences.

Level Of Preference

	Low	Med	High		Low	Med	High
Beef				Fish			
Pork				Shrimps			
Lamb				Shellfish			
Veal				Salads			
Chicken				Vegetables			
Meatballs				Dessert			
Low fat food				Other			

Breakfast:

Traditional or Continental breakfast; would you like eggs & bacon?		
Always :	Sometimes:	Never:

Lunch:

Our suggested menus mentioned light lunches.		
Would you like your crew to prepare heavier lunches?	Yes	No

Dinner:

Do you plan to have dinner ashore sometimes?		
Never:	Occasionally:	Often:

Do You Prefer Cuisine:

European:	Mediterranean:	Dalmatian:	Other:
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G) Special Diets:

Does anyone in your party require a specific diet (vegetarian, vegan, kosher, etc)	Yes	No
If "Yes", please give details and how many persons?		
Does anyone have any food allergies	Yes	No
If "Yes", please give details:		
Does anybody have any particularly strong dislikes?	Yes	No
If "Yes", please give details:		

H) Beverages:

We would like to stock the bar according to your preferences. What would you like to have onboard?

- *Coca Cola ___ *Coca Cola light ___ *Tonic ___ *Fruit juice ___ *Sparkling Water ___
- *Beer ___ *Red wine ___ *White wine ___ *Rose wine ___ *Martini ___ *Porto ___
- *Bailey's ___ *Whisky ___ *Vodka ___ *Tequila ___ *Rum ___ *Cognac ___ *Gin ___
- *Champagne's ___ *Spirits ___ *Fine wines ___

Please indicate below any preference and/or special request you may have

I) Activities:

Your charter can be as active or relaxed as you like. Please indicate your interests.

	Low	Med	High		Low	Med	High
Sailing				Hiking			
Snorkelling				Sunbathing			
Scuba diving				Beaches			
Windsurfing				Shopping			
Canoeing				Nightlife			
Fishing				Reading			
Swimming				Island Tours			

J) Other activities:

We would like the crew mingle with us:	We prefer our privacy:	A little of both:
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K) Itinerary:

Please state any preferred area or particular ports or anchorages that you would like to visit

**Itinerary is weather dependent*

Any other personal comments:

Please include any information that you would like your crew to know:

NAME:

DATE: