

Yacht Charter Guest Preference Form

To ensure that your charter yacht vacation is the best it can be, your captain and crew need to know as much about your charter preferences. PLEASE complete the following sheet, being as specific as possible. Remember that in the islands not all brand names or items are available, but be assured that the crew will do the best they can do to meet your requirements.

Charter Summary

Head Charterer: _____ Yacht: _____ Confirmation #: _____ # of Guests: _____

Address: _____
Street Address City State Zip Code

Phone Number: _____ Email address: _____

Charter Starts: _____
Date Beginning Port Time Cruising Area

Charter Ends: _____
Date Ending Port Time

Owner/Captain: _____ Phone: _____

Email: _____

Charter Broker: _____ Business Phone: _____

Fax Number: _____ Email address: _____

Your Charter Group— Please list all members of your party as appearing in their passports. (Passports with at least 6 months validity are required for everyone in your party.)

1) Name: _____
First Middle Last M F Place of Birth Birthdate

Passport: _____
Number Issue Date Place of Issue Issuing Country Expiration Date

Address: _____
Street Address City State Zip Code

General: _____
Certified Diver? Certification Type Shoe Size Emergency Contact Name/Relationship Emergency Contact #

Please let us know your allergies, dietary restrictions, and food intolerances:

Pre-Charter Travel Plans: _____
Arrival Date & Airport Time Airline and Flight #

_____ Accommodations Address Phone #

Post-Charter Travel Plans: _____
Departure Date & Airport Time Airline and Flight #

_____ Accommodations Address Phone #

Head Charterer: _____ Confirmation Number: _____ Departure Date: _____

2) Name: _____
First Middle Last M F Place of Birth Birthdate
Passport: _____
Number Issue Date Place of Issue Issuing Country Expiration Date
Address: _____
Street Address City State Zip Code
General: _____
Certified Diver? Certification Type Shoe Size Emergency Contact Name/Relationship Emergency Contact #

Please let us know your allergies, dietary restrictions, and food intolerances:

Pre-Charter Travel Plans: _____
Arrival Date & Airport Time Airline and Flight #
Accommodations Address Phone #

Post-Charter Travel Plans: _____
Departure Date & Airport Time Airline and Flight #
Accommodations Address Phone #

3) Name: _____
First Middle Last M F Place of Birth Birthdate
Passport: _____
Number Issue Date Place of Issue Issuing Country Expiration Date
Address: _____
Street Address City State Zip Code
General: _____
Certified Diver? Certification Type Shoe Size Emergency Contact Name/Relationship Emergency Contact #

Please let us know your allergies, dietary restrictions, and food intolerances:

Pre-Charter Travel Plans: _____
Arrival Date & Airport Time Airline and Flight #
Accommodations Address Phone #

Post-Charter Travel Plans: _____
Departure Date & Airport Time Airline and Flight #
Accommodations Address Phone #

4) Name: _____
First Middle Last M F Place of Birth Birthdate
Passport: _____
Number Issue Date Place of Issue Issuing Country Expiration Date
Address: _____
Street Address City State Zip Code
General: _____
Certified Diver? Certification Type Shoe Size Emergency Contact Name/Relationship Emergency Contact #

Head Charterer: _____ Confirmation Number: _____ Departure Date: _____

Please let us know your allergies, dietary restrictions, and food intolerances:

Pre-Charter Travel Plans: _____
Arrival Date & Airport _____ Time _____ Airline and Flight # _____

Accommodations _____ Address _____ Phone # _____

Post-Charter Travel Plans: _____
Departure Date & Airport _____ Time _____ Airline and Flight # _____

Accommodations _____ Address _____ Phone # _____

5) Name: _____

First _____ Middle _____ Last _____ M _____ F _____ Place of Birth _____ Birthdate _____

Passport: _____
Number _____ Issue Date _____ Place of Issue _____ Issuing Country _____ Expiration Date _____

Address: _____
Street Address _____ City _____ State _____ Zip Code _____

General: _____
Certified Diver? _____ Certification Type _____ Shoe Size _____ Emergency Contact Name/Relationship _____ Emergency Contact # _____

Please let us know your allergies, dietary restrictions, and food intolerances:

Pre-Charter Travel Plans: _____
Arrival Date & Airport _____ Time _____ Airline and Flight # _____

Accommodations _____ Address _____ Phone # _____

Post-Charter Travel Plans: _____
Departure Date & Airport _____ Time _____ Airline and Flight # _____

Accommodations _____ Address _____ Phone # _____

6) Name: _____

First _____ Middle _____ Last _____ M _____ F _____ Place of Birth _____ Birthdate _____

Passport: _____
Number _____ Issue Date _____ Place of Issue _____ Issuing Country _____ Expiration Date _____

Address: _____
Street Address _____ City _____ State _____ Zip Code _____

General: _____
Certified Diver? _____ Certification Type _____ Shoe Size _____ Emergency Contact Name/Relationship _____ Emergency Contact # _____

Please let us know your allergies, dietary restrictions, and food intolerances:

Pre-Charter Travel Plans: _____
Arrival Date & Airport _____ Time _____ Airline and Flight # _____

Accommodations _____ Address _____ Phone # _____

Post-Charter Travel Plans: _____
Departure Date & Airport _____ Time _____ Airline and Flight # _____

Accommodations _____ Address _____ Phone # _____

Head Charterer: _____ Confirmation Number: _____ Departure Date: _____

7) Name: _____
 First Middle Last M F Place of Birth Birthdate
 Passport: _____
 Number Issue Date Place of Issue Issuing Country Expiration Date
 Address: _____
 Street Address City State Zip Code
 General: _____
 Certified Diver? Certification Type Shoe Size Emergency Contact Name/Relationship Emergency Contact #

Please let us know your allergies, dietary restrictions, and food intolerances:

Pre-Charter Travel Plans: _____
 Arrival Date & Airport Time Airline and Flight #

 Accommodations Address Phone #

Post-Charter Travel Plans: _____
 Departure Date & Airport Time Airline and Flight #

 Accommodations Address Phone #

8) Name: _____
 First Middle Last M F Place of Birth Birthdate
 Passport: _____
 Number Issue Date Place of Issue Issuing Country Expiration Date
 Address: _____
 Street Address City State Zip Code
 General: _____
 Certified Diver? Certification Type Shoe Size Emergency Contact Name/Relationship Emergency Contact #

Please let us know your allergies, dietary restrictions, and food intolerances:

Pre-Charter Travel Plans: _____
 Arrival Date & Airport Time Airline and Flight #

 Accommodations Address Phone #

Post-Charter Travel Plans: _____
 Departure Date & Airport Time Airline and Flight #

 Accommodations Address Phone #

Additional Comments:

Activities

Please indicate all activities in which you are interested.

Sailing	Beach Combing	Island Tours	Golf
Swimming	Jogging	Shopping	Spa
Snorkeling	Hiking	Dining Ashore	Local Bar
Fishing*	Sun Bathing	Music/Dancing	SUP
Scuba Diving**	Napping	Culture	Kayaking

Comments:

*Fishing– License may be required in some locations.

**Scuba Diving on board if available or we will arrange rendezvous diving: Yes No

Certification courses with a local dive company can be arranged if not on-board available (price on request)

Is instruction required? Yes No If equipment is available on board, would you like to rent it? Yes No

Comments:

Dive instruction REQUIRES a completed Medical Statement/Questionnaire and may require the student to be examined by their physician before participating in diver Training. Please review these forms at:

- <http://www.padi.com/english/common/courses/forms/pdf/10063-Ver2-0.pdf>
- <http://www.padi.com/english/common/courses/forms/pdf/10072-Ver2@1-e.pdf>

About Your Group

Please select all that apply.

Would your group be considered:

- Active and like to keep busy,
- Relaxed, preferring quiet enjoyment, or...
- A combination of the above, taking each day as it comes.

Please provide a brief description of previous chartering & boating experiences:

After the sun sets:

- I crave quiet moonlit evenings aboard with old friends and good wine, or good friends and old wine.
- Deserted beaches are great for the day, but I prefer a bit of action at night.
- Variety is the spice of life!

Please share your ideal vacation:

Shore Duty....

- Forget it! Civilization is what I am getting away from.
- What is a vacation without shopping?
- Searching out unique eateries is one of my favorite things to do!
- One evening ashore is sufficient.

Food Preferences: Please let us know which foods you like or dislike. Additional comments are very helpful and are an opportunity to indicate specific brands or preparations you prefer.

FOOD	LIKE	DISLIKE	COMMENTS
Beef			
Pork			
Lamb			
Veal			
Chicken			
Turkey			
Duck			
Fish			
Shellfish			
Vegetables			
Fruits			
Cheeses			
Other			
Other			

Comments:

Breakfast

Preferred breakfast style:			
Continental	American	Buffet	Fruit
Bacon Sausage Ham Potatoes French Toast Pancakes Waffles	Croissants English Muffins Muffins Cereal Oatmeal White Bread Wheat Bread	Rye Bread Raisin Bread Yogurt Whole Milk 2% Milk Jelly/Jams Spreads	

Comments (cereal preferences, fruit preferences, etc) :

Lunch

	Light or	Substantial	Sandwiches:	Hot	Cold
Sandwich Meats:	Turkey	Chicken	Roast Beef	Tuna	Other
Cheeses:	American	Swiss	Cheddar	Other	
Other:					
Favorite Breads:					
Salads:	Lobster	Shrimp	Pasta	Green	Other
Salad Dressing:	Bleu Cheese	Ranch	1000 Island	Italian	Poppy Seed
	Low Fat	Vinaigrette	Other:		
Dishes:	Chicken	Seafood	Pasta	Crab cakes	Gourmet Pizza
	Hot Dogs	Hamburgers	Other:		
Soups:	Hot	Cold	Other:		

Comments:

Hors D'Oeuvres/Snacks

Sushi Patés Crudités Crackers	Popcorn Nuts Chips Dips	Cheese Fruit Other:
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Comments:

Dinner

Are you open to new cuisine or do you enjoy traditional dinners? Please give examples:

Cuisines:

Italian	Thai	Mexican
French	Mediterranean	American
Indian	Fusion/Californian	Asian

Other:

Soups: Hot Cold Do you like salads with dinner? Yes No

Preferred courses with dinner:

Vegetables:

Broccoli	Peas	Onions
Zucchini	Corn	Carrots
Tomato	Cauliflower	Spinach
Mushrooms	Potato	Asparagus

Other:

Do you plan on having dinner ashore during your trip? *Please understand that this is at your expense* Yes No

Theme Nights? Yes No Wish:

Comments:

Desserts After Dinner

Please be specific

Pies	Gelato	Tiramisu
Cakes	Fruit	Mousse
Ice Cream	Chocolates	Cheesecake

Comments:

Bar/Beverages

Please note that inclusive charters include a standard ship's bar. Special requests for top shelf and vintage liquors/wines/champagnes will be provided at an additional cost to you. Some brands are not always available but we will do our best to meet your special requests.

Soda, Juices, Mixers and Water

Type	Specific Brand	Qty Bottles	Qty Cases
Cola			
Diet Cola			
Sprite			
Diet Sprite			
Caffeine free soda			
Ginger Ale			
Lemonade			
Orange Juice			
Grapefruit Juice			
Apple Juice			
Cranberry Juice			
Tomato Juice			
Club Soda			
Tonic Water			
Bottled Water (flat)			
Bottled Water (sparkling)			
Other			
Other			

Comments:

Teas, Coffees, and Hot Drinks

Type	Brand
Regular Coffee/Tea	
Decaf Coffee/Tea	
Espresso	
Iced Tea/Herbal Tea	
Hot Chocolate	
Creamers/Sweeteners	
Other	

Beer

Brand	Qty Cases	Brand	Qty Cases

Liquor

Brand	Qty Bottles	Brand	Qty Bottles

Wines/Champagnes

Reds	Bottles/Cases 12/24	Year	Approx. Cost

Whites	Bottles/Cases 12/24	Year	Approx. Cost

Champagnes	Bottles/Cases 12/24	Year	Approx. Cost

ADDITIONAL CONSIDERATIONS *(Please list any other items you'd like to have for your charter):*

Please feel free to include or add anything else that will assist your crew in planning your cruise. (Some guests write lengthy, often fun and amusing letters, and sometimes send photos to the crew telling in their own words all about themselves!)

Please return to _____ at fax # _____

Or by email to info@ckimgroup.com or by clicking the submit button

Date to be returned by: _____ Prepared by: _____

Submit