



CHARTER DETAILS

GENERAL INFORMATION

Yacht name

Charterer

Charter dates FROM TO

Ports ARRIVAL PORT

DEPARTURE PORT

Contact details

Charterer EMAIL

MOBILE PHONE

Or Representative EMAIL

MOBILE PHONE

OFFICE PHONE

Notes



TRAVEL ARRANGEMENTS

FLIGHT ARRIVAL

If flying private, please provide FBO (handling company), tail number and your estimated time of arrival

Arrival date	<input type="text"/>	Arrival airport	<input type="text"/>
Time of arrival	<input type="text"/>	Arrival from	<input type="text"/>
Airline flight/tail no.	<input type="text"/>	No. of passengers	<input type="text"/>
Guest names	<input type="text"/>		

Arrival date	<input type="text"/>	Arrival airport	<input type="text"/>
Time of arrival	<input type="text"/>	Arrival from	<input type="text"/>
Airline flight/tail no.	<input type="text"/>	No. of passengers	<input type="text"/>
Guest names	<input type="text"/>		

Arrival date	<input type="text"/>	Arrival airport	<input type="text"/>
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Airline flight/tail no.	<input type="text"/>	No. of passengers	<input type="text"/>
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TRAVEL ARRANGEMENTS

FLIGHT DEPARTURE

If flying private, please provide FBO (handling company), tail number and your estimated time of arrival

Departure date		Departure airport	
Time of departure		Departing to	
Airline flight/tail no.		No. of passengers	
Guest names			

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Time of departure		Departing to	
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Guest names			

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Time of departure		Departing to	
Airline flight/tail no.		No. of passengers	
Guest names			

What is your preferred method of transfer to and from your yacht? ☐ CHAUFFEUR DRIVEN CAR ☐ TAXI ☐ LUXURY MINIVAN ☐ HELICOPTER (WHERE AVAILABLE)

If you are staying overnight in a hotel please state

HOTEL NAME	ADDRESS
PHONE	EMAIL



GUEST DETAILS

This section is about the little details that will make your holiday run as smoothly as possible. Details such as air travel, getting to the yacht, how you would like to interact with the crew and what we can put in your cabin to make you feel more at home. The more information you give us, the more special we can make your charter.

PRINCIPAL CHARTERER(S)

Name (as in passport)	Date of birth	Nationality	Passport no.	Exp. date	Email address

GUESTS

Name (as in passport)	Date of birth	Nationality	Passport no.	Exp. date	Email address



GUEST DETAILS

HEALTH AND MEDICAL

Please advise of any medical conditions for all members of your party, such as diabetes, heart conditions, epilepsy, asthma etc.

Please inform us if there will be any expectant mothers in your party at the time of your charter

If relevant, please give details of nanny/maternity nurse/child carer

If relevant, please give details of security personnel or other staff who may accompany you



CHILDREN

WILL YOU REQUIRE ANY OF THE FOLLOWING?
(at the charterer's expense)

Cot

☐ YES ☐ NO

(If yes, please specify the cabin)

Sterilization products

☐ YES ☐ NO

Diapers

☐ YES ☐ NO

(If yes, please specify the size)

High Chair

☐ YES ☐ NO

Netting

☐ YES ☐ NO

Baby life jacket

☐ YES ☐ NO

(If yes, please specify age)

Stair guards/rails

☐ YES ☐ NO

Snorkelling equipment,
including fins and masks

☐ YES ☐ NO

(If yes, please specify age)

Other

Do the children require
any favourite toys or
games on board?



CHARTER ACTIVITIES

GENERAL

Please list any special ports or places of interest that you would like to visit during your charter

Style of vacation

☐ Active, on-the-go ☐ Quiet and relaxing ☐ A combination of the two

In the evenings - do you prefer

☐ Calm evenings, movies on board ☐ Parties ashore in bars, restaurants and clubs ☐ Parties/being sociable on board ☐ A mix of everything

Overnight do you prefer to be

☐ On the dock in ports/marinas ☐ Relocating/night cruising ☐ At anchor ☐ Open to all

Celebrations

Will a special occasion take place during your charter?

☐ YES ☐ NO

If yes, please provide details and the date of the event

Would you like the yacht to arrange something special for this event?

☐ YES ☐ NO

(cake, entertainment, band, decorations) If so, please specify

Flowers (The first flowers onboard are complimentary.)

Would you like flowers to be refreshed during your charter or for a special event (at charterer's expense)?

☐ YES ☐ NO

Flower preferences

☐ A mix of everything

Allergies

Magazines and newspapers

Are there any national or international newspapers or magazines you would like? (If and when available)

☐ YES ☐ NO

Please give details



CHARTER ACTIVITIES

DAY TO DAY ACTIVITIES

If applicable, please advise if any of the guests are non-swimmers

Watersports

Please select the activities you like (provided that the chosen charter yacht offers these amenities)

<input type="checkbox"/> Sailing	<input type="checkbox"/> Windsurfing	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Waveboarding	<input type="checkbox"/> Paddle boarding	<input type="checkbox"/> Swimming
<input type="checkbox"/> Fishing	<input type="checkbox"/> Parasailing	<input type="checkbox"/> Jet skiing	<input type="checkbox"/> Flyboarding	<input type="checkbox"/> Water skiing	<input type="checkbox"/> Snorkelling
<input type="checkbox"/> Jetlev	<input type="checkbox"/> Kitesurfing	<input type="checkbox"/> Seabob	<input type="checkbox"/> Other	<input type="text"/>	

Scuba Diving

Rendez-vous diving is usually arranged with local guides.

Please advise level of dive qualifications for all divers and be sure to bring your licence(s)

Which members of the charter party hold a current licence for operating a personal watercraft?

Which members of the charter party will require instruction?

Activities ashore/interests

Please select the activities you like

<input type="checkbox"/> Beach barbeques/picnics	<input type="checkbox"/> Beachcombing	<input type="checkbox"/> Beach clubs	<input type="checkbox"/> Local markets and crafts	<input type="checkbox"/> Marine life/flora and fauna
<input type="checkbox"/> Shopping	<input type="checkbox"/> Designer	<input type="checkbox"/> Historical/archaeological sites	<input type="checkbox"/> Canyoning	<input type="checkbox"/> Cycling
<input type="checkbox"/> Art galleries and museums	<input type="checkbox"/> Local history/guided tours	<input type="checkbox"/> Climbing	<input type="checkbox"/> White water rafting	
<input type="checkbox"/> Horse riding	<input type="checkbox"/> Golf	<input type="checkbox"/> Hiking/trekking	<input type="checkbox"/> Tennis	

Wellness

<input type="checkbox"/> Spa treatments	<input type="checkbox"/> Yoga	<input type="checkbox"/> Pilates	<input type="checkbox"/> On board training	<input type="checkbox"/> Running
<input type="checkbox"/> Massage (please state preferred style)		<input type="text"/>		
<input type="checkbox"/> Gym: most yachts will have some gym equipment onboard. Please state any specific equipment you require		<input type="text"/>		



CHARTER ACTIVITIES

ENTERTAINMENT ONBOARD

Music

What sort of music do you like to listen to?

<input type="checkbox"/> Classical	<input type="checkbox"/> Country/folk	<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Jazz	<input type="checkbox"/> Reggae	<input type="checkbox"/> Opera
<input type="checkbox"/> Rock	<input type="checkbox"/> Easy listening	<input type="checkbox"/> Soul	<input type="checkbox"/> R&B	<input type="checkbox"/> Pop	
<input type="checkbox"/> Other					

Games

Are there any particular games you like to play? (Where available)

<input type="checkbox"/> Cards	<input type="checkbox"/> Dominos	<input type="checkbox"/> Mah-jong	<input type="checkbox"/> Chess	<input type="checkbox"/> Backgammon
<input type="checkbox"/> Draughts	<input type="checkbox"/> Monopoly	<input type="checkbox"/> Trivial Pursuit	<input type="checkbox"/> Scrabble	<input type="checkbox"/> Children's games
<input type="checkbox"/> Other				

DINING ASHORE

Do you plan on dining ashore during your yacht charter?

<input type="checkbox"/> Never	<input type="checkbox"/> Once or twice	<input type="checkbox"/> Often
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Preferred style of restaurant

<input type="checkbox"/> Formal/Michelin Star	<input type="checkbox"/> Casual/relaxed	<input type="checkbox"/> Local restaurants	<input type="checkbox"/> Street food experience	<input type="checkbox"/> Open to all
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FOOD AND DRINK

FOOD PREFERENCES

During your charter the crew will do their best to accommodate all dietary restrictions, preferences and special requests, however availability will be dependent upon location. If any item is not available, the crew will advise and source a suitable alternative.

Meal times

What time do you prefer to eat?

Breakfast	<input type="checkbox"/> 6-8 AM	<input type="checkbox"/> 8-10 AM	<input type="checkbox"/> 10-12 AM
Lunch	<input type="checkbox"/> 12-1 PM	<input type="checkbox"/> 1-2 PM	<input type="checkbox"/> 2-3 PM
Dinner	<input type="checkbox"/> 7-8 PM	<input type="checkbox"/> 8-9 PM	<input type="checkbox"/> 9-10 PM

Children's mealtimes if different

General dietary requirements

<input type="checkbox"/> Kosher	<input type="checkbox"/> Halal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Gluten free	<input type="checkbox"/> Coeliac
<input type="checkbox"/> Vegan	<input type="checkbox"/> Low salt	<input type="checkbox"/> Low Sugar	<input type="checkbox"/> Low cholesterol	<input type="checkbox"/> Lactose Free
<input type="checkbox"/> Special diets, please specify				
<input type="checkbox"/> Allergies and specific dislikes, please specify				

If any of the above apply to your charter, please explain and name the guest(s) with any specific dietary requirements

Do any of the children in your party have any dietary requirements or any food likes/dislikes/allergies we should be aware of?



FOOD AND DRINK

GENERAL CUISINE PREFERENCES

Cuisine preference

American	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Italian	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Chinese	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Japanese	<input type="checkbox"/> YES	<input type="checkbox"/> NO
English	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Lebanese	<input type="checkbox"/> YES	<input type="checkbox"/> NO
French	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Mexican	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Turkish	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Spanish	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Greek	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Thai	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Indian	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Mediterranean	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Moroccan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Fusion	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Fish and shellfish preferences

(Subject to availability)

<input type="checkbox"/> Clams	<input type="checkbox"/> Cod	<input type="checkbox"/> Crab	<input type="checkbox"/> Crawfish	<input type="checkbox"/> Flounder	<input type="checkbox"/> Grouper
<input type="checkbox"/> Halibut	<input type="checkbox"/> Lobster	<input type="checkbox"/> Mahi Mahi	<input type="checkbox"/> Mussels	<input type="checkbox"/> Octopus	<input type="checkbox"/> Oyster
<input type="checkbox"/> Sea bass	<input type="checkbox"/> Shrimp	<input type="checkbox"/> Snapper	<input type="checkbox"/> Squid	<input type="checkbox"/> Tuna	<input type="checkbox"/> Conch
<input type="checkbox"/> Salmon	<input type="checkbox"/> Tilapia	<input type="checkbox"/> White fish			
<input type="checkbox"/> Other, please specify					

Meat preferences

(Subject to availability)

<input type="checkbox"/> Beef	<input type="checkbox"/> Chicken	<input type="checkbox"/> Duck	<input type="checkbox"/> Lamb	<input type="checkbox"/> Pork	<input type="checkbox"/> Turkey	<input type="checkbox"/> Veal	<input type="checkbox"/> Game
<input type="checkbox"/> Other, please specify							

Do you prefer food to be

<input type="checkbox"/> Baked	<input type="checkbox"/> Fried	<input type="checkbox"/> Grilled	<input type="checkbox"/> Steamed
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If fried, do you prefer

<input type="checkbox"/> Olive oil	<input type="checkbox"/> Vegetable Oil	<input type="checkbox"/> Colza oil
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☐ Other, please specify

Bread preferences

(Subject to availability)

<input type="checkbox"/> White	<input type="checkbox"/> Whole wheat	<input type="checkbox"/> Baguette	<input type="checkbox"/> Cereal	<input type="checkbox"/> Ciabatta	<input type="checkbox"/> Focaccia	<input type="checkbox"/> Pitta	<input type="checkbox"/> Rye
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FOOD AND DRINK

GENERAL FAVORITES

Please select the salads you like

<input type="checkbox"/> Caesar	<input type="checkbox"/> Caprese	<input type="checkbox"/> Cobb	<input type="checkbox"/> Greek	<input type="checkbox"/> Niçoise	<input type="checkbox"/> Pasta	<input type="checkbox"/> Garden	<input type="checkbox"/> Rice	<input type="checkbox"/> Chef
<input type="checkbox"/> Other, please specify _____								

Please select the fruits you like

(Subject to availability)

<input type="checkbox"/> Apricot	<input type="checkbox"/> Cherry	<input type="checkbox"/> Peach	<input type="checkbox"/> Kiwi	<input type="checkbox"/> Plum	<input type="checkbox"/> Fig	<input type="checkbox"/> Passion fruit
<input type="checkbox"/> Apples	<input type="checkbox"/> Bananas	<input type="checkbox"/> Berries	<input type="checkbox"/> Blueberries	<input type="checkbox"/> Pears	<input type="checkbox"/> Mango	<input type="checkbox"/> Pomegranate
<input type="checkbox"/> Oranges	<input type="checkbox"/> Pineapple	<input type="checkbox"/> Papaya	<input type="checkbox"/> Grapefruit	<input type="checkbox"/> Strawberries	<input type="checkbox"/> Grapes	<input type="checkbox"/> Watermelon
<input type="checkbox"/> Melon	<input type="checkbox"/> Other, please specify _____					

Please select the vegetables you like

(Subject to availability)

<input type="checkbox"/> Courgette/zucchini	<input type="checkbox"/> Beetroot	<input type="checkbox"/> Broccoli	<input type="checkbox"/> Celery	<input type="checkbox"/> Butternut squash	<input type="checkbox"/> Mushrooms
<input type="checkbox"/> Aubergine/eggplant	<input type="checkbox"/> Carrots	<input type="checkbox"/> Cauliflower	<input type="checkbox"/> Spinach	<input type="checkbox"/> Sweet potatoes	<input type="checkbox"/> Cucumber
<input type="checkbox"/> Peppers	<input type="checkbox"/> Potatoes	<input type="checkbox"/> Onions	<input type="checkbox"/> Asparagus	<input type="checkbox"/> Avocado	<input type="checkbox"/> Tomatoes
<input type="checkbox"/> Peas	<input type="checkbox"/> Corn	<input type="checkbox"/> Other, please specify _____			

Do you prefer cheese before or after dessert?

<input type="checkbox"/> Before	<input type="checkbox"/> After	<input type="checkbox"/> No Cheese
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Preferred cheeses

<input type="checkbox"/> Blue cheese	<input type="checkbox"/> Munster	<input type="checkbox"/> Cheddar	<input type="checkbox"/> Camembert	<input type="checkbox"/> Parmesan	<input type="checkbox"/> Goats Cheese
<input type="checkbox"/> Gruyere (Swiss Cheese)	<input type="checkbox"/> Gouda	<input type="checkbox"/> Reblochon	<input type="checkbox"/> Feta	<input type="checkbox"/> Pecorino	<input type="checkbox"/> Mozzarella
<input type="checkbox"/> Emmental	<input type="checkbox"/> Halloumi	<input type="checkbox"/> Comte	<input type="checkbox"/> Ricotta	<input type="checkbox"/> Brie	
<input type="checkbox"/> Other, please specify _____					



FOOD AND DRINK

BREAKFAST

What do you like to have for breakfast?

- ☐ Full English (egg, bacon, sausage, mushrooms, etc)
 ☐ Continental (croissants, pastries, jams, etc)
 ☐ American (pancakes, bagels, waffles, hash browns, etc)
 ☐ Avocado toast
 ☐ Smoked salmon
 ☐ Kedgeree
 ☐ Kippers
 ☐ Cold cuts and cheese

Eggs

- ☐ Fried
 ☐ Eggs Benedict
 ☐ Scrambled
 ☐ Boiled
 ☐ Omelette
 ☐ Poached

Cereals

- ☐ Please list any favourites
 ☐ Fresh fruit juice
 ☐ Superfood drinks
 ☐ Yogurt
 ☐ Health drinks
 ☐ Granola/Muesli
 ☐ Fruits
 ☐ Other, please specify

Coffee

- ☐ Decaffeinated
 ☐ Espresso
 ☐ Cappuccino
 ☐ American
 ☐ Other
 ☐ Brand preferences

Tea

- ☐ Earl Grey
 ☐ English Breakfast
 ☐ Herbal Infusions
 ☐ Mint
 ☐ Green
 ☐ Iced
 ☐ Other, please specify

Spreads and jams

- ☐ Butter – salted
 ☐ Butter – unsalted
 ☐ Low-fat spreads
 ☐ Jams/marmalades
 ☐ Other, please specify

LUNCH

What do you like to have for lunch?

- ☐ Light plated lunch
 ☐ Full plated lunch
 ☐ Buffet
 ☐ Family style

AFTERNOON TEA

- ☐ Tea, coffee and biscuits
 ☐ Full tea with cakes and sandwiches



FOOD AND DRINK

DINNER

Do you prefer dinner to be formal?

☐ YES

☐ NO

Do you like aperitifs and canapés before dinner?

☐ YES

☐ NO

Do you like to have starters?

☐ YES

☐ NO

Do you like to have desserts?

☐ YES

☐ NO

SNACKS

Do you have particular preferences, such as

☐ Canapés

☐ Crudités

☐ Chocolates/chocolate bars

☐ Fruits

☐ Nuts

☐ Protein bars

☐ Olives and dips

☐ Potato crisps/chips

☐ Popcorn

☐ Other, please specify

Caviar

Would you like to have caviar during your trip?

☐ YES

☐ NO

If yes, please select (when available)

☐ Beluga

☐ Iranian

☐ Oscetra

☐ Russian

☐ Sevruga

☐ Other, please specify

Amount

CHILDREN AND BABIES

Would you like special/favourite food for children, such as

☐ Fish fingers

☐ Pizza

☐ Pasta

☐ Hamburgers

☐ Marmite

☐ Vegemite

☐ Peanut butter

☐ Yoghurt

☐ Jelly

☐ Chicken nuggets

☐ Ice cream

☐ Other, please specify

Will you require:

☐ Baby foods

☐ Formula milk

☐ Other



BEVERAGES

WINES

Are there any specific wines you would like on board? If so, please list below

In general, do you prefer:

<input type="checkbox"/> French	<input type="checkbox"/> South African	<input type="checkbox"/> Italian	<input type="checkbox"/> Spanish
<input type="checkbox"/> Californian	<input type="checkbox"/> South American	<input type="checkbox"/> German	<input type="checkbox"/> New Zealand
<input type="checkbox"/> Australian	<input type="checkbox"/> Other, please specify <input type="text"/>		

Please indicate approximate price and quantity

	Price range (per bottle)	Quantity (per bottle)
<input type="checkbox"/> Red Wine	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> White Wine	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Rosé wine	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Champagne	<input type="text"/>	<input type="text"/>

Please select your champagne preference

<input type="checkbox"/> Non-vintage	<input type="checkbox"/> Vintage	<input type="checkbox"/> Louis Roederer Cristal	<input type="checkbox"/> Dom Perignon
<input type="checkbox"/> Krug	<input type="checkbox"/> Veuve Cliquot	<input type="checkbox"/> Moet et Chandon	<input type="checkbox"/> Barons de Rothschild
<input type="checkbox"/> Other, please specify <input type="text"/>			

SPIRITS

<input type="checkbox"/> Brandy	<input type="checkbox"/> Cognac	<input type="checkbox"/> Gin	<input type="checkbox"/> Rum	<input type="checkbox"/> Scotch	<input type="checkbox"/> Bourbon
<input type="checkbox"/> Tequila	<input type="checkbox"/> Vodka	<input type="checkbox"/> Whiskey	<input type="checkbox"/> Liqueurs	<input type="checkbox"/> Ports	
<input type="checkbox"/> Other, please specify <input type="text"/>					

Are there any particular brands you like?



BEVERAGES

Cocktails

Are there any particular cocktails you like? If so, please list below

Aperitifs

☐ Vermouth
 ☐ Campari
 ☐ Pimms
 ☐ Sherry
 ☐ Aperol Spritz
 ☐ Other, please specify

Are there any particular brands you like?

Beers (subject to availability)

Are there any particular brands of beer or lager you like? If so, please list below

NON-ALCOHOLIC BEVERAGES

Coffee

☐ Decaffeinated
 ☐ Espresso
 ☐ Cappuccino
 ☐ American
 ☐ Other

Brand preferences

Tea

☐ Earl Grey
 ☐ English Breakfast
 ☐ Herbal Infusions
 ☐ Mint
 ☐ Green
 ☐ Iced
 ☐ Other, please specify

Soft drinks

Are there any particular soft drinks/non-alcoholic drinks you like? Please specify your favourite brand

<input type="checkbox"/> Tonic	<input type="text"/>	<input type="checkbox"/> Cola	<input type="text"/>
<input type="checkbox"/> Ginger Ale	<input type="text"/>	<input type="checkbox"/> Cordials	<input type="text"/>
<input type="checkbox"/> Still water	<input type="text"/>	<input type="checkbox"/> Sparkling water	<input type="text"/>
<input type="checkbox"/> Juices	<input type="text"/>	<input type="checkbox"/> Coconut water	<input type="text"/>
<input type="checkbox"/> Other, please specify	<input type="text"/>		