



NEWPORT YACHT MANAGEMENT

One Lagoon Rd, Suite 8, Portsmouth, RI 02871
 401-683-1616 Fax 401-683-6660

PREFERENCE SHEET

Please fill in **ALL** the blanks and return to **NYM** at your earliest convenience.

Please feel free to add pages if need be.

YACHT _____ DATE OF
 CHARTER _____

CHARTER'S NAME _____ # of
 GUESTS _____

ADDRESS _____
 CITY _____

STATE _____ ZIP _____ TEL-
 W _____ H _____ FAX _____

NAME, NATIONALITY AND PASSPORT NUMBERS:

- | | | |
|----------|------------|---------|
| 1. _____ | NATL _____ | # _____ |
| 5. _____ | NATL _____ | # _____ |
| 2. _____ | NATL _____ | # _____ |
| 6. _____ | NATL _____ | # _____ |
| 3. _____ | NATL _____ | # _____ |
| 7. _____ | NATL _____ | # _____ |
| 4. _____ | NATL _____ | # _____ |
| 8. _____ | NATL _____ | # _____ |

ARRIVAL DATE _____ TIME _____ AIRLINE _____ FLIGHT
 # _____

HOTEL _____ PICK-UP
 LOCATION _____

DEPARTURE DATE _____ TIME _____ AIRLINE _____ FLIGHT # _____

HOTEL _____ DROP-OFF LOCATION _____

Planning Your Vacation....

In order to help the Chef be fully prepared upon your arrival, please complete this questionnaire. Try to be as detailed as possible, keeping in mind that special requests are subject to availability.

SNACKS: What snacks do you enjoy?

BREAKFAST: Do you eat breakfast? Large _____ Small _____

List favorite breakfast foods

LUNCH: What sort of lunch do you prefer? A light, cold lunch? _____ A heartier lunch? _____

DINNER: Are your food tastes adventurous or simple? _____

Do you like: Beef _____ Lamb _____ Veal _____ Turkey _____ Pork _____ Duck _____ Chicken _____

Fish _____ Shrimp _____ Lobster _____ Scallops _____ Oysters _____ Pasta _____

Which of the following cuisine's do you enjoy?

French _____ Italian _____ Chinese _____ Mexican _____ Greek _____ Creole _____

Indian/Middle Eastern _____ Vegetarian _____ Asian _____ Fusion _____

DRINKS: Which soft-drinks and non-alcoholic beverages do you prefer? _____

LIQUORS: Do you enjoy cocktails before dinner? _____

If so, what kinds of liquors, mixers and beer would you like? _____

WINE: Do you enjoy wine with your meals? _____

LIQUEURS: Do you enjoy an after dinner drink or liqueur? What type? _____

Does anyone in your party have special diets, food allergies or special requests of which the Chef should be aware (i.e.: diabetes)

VERY IMPORTANT: Are there any foods anyone in your party particularly dislikes?

Please list any special occasions or dates which you would like to celebrate during your charter.

Does anyone smoke? _____ Is anyone in your party a certified diver? _____

Which activities appeal to you?

Snorkeling _____ Sightseeing _____ Shopping _____ Water-skiing _____ Swimming _____

Entertainment ashore _____ Wind-surfing _____ Kayaking _____ Scuba Diving _____

Is your group looking forward to being: ACTIVE _____ RELAXING _____ "AS IT HAPPENS" _____

Please list any guest with a medical condition that should be known to the Captain. _____

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FOR KIDS ONLY

FOR KIDS ONLY: SNACKS : _____
DRINKS : _____

NAME _____ AGE _____
NAME _____ AGE _____

NAME _____ AGE _____
NAME _____ AGE _____

FAVORITE
FOODS : _____

I DON'T
LIKE : _____

COMMENTS: _____

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