



White Horse Yacht Charters

Charter Preference Sheet

Po Box 4431 Road Town, Tortola, British Virgin Islands

Tel : 284 441 0160 Tel:

Fax :

e-mail : info@whitehorseyachtcharters.com

Web : www.whitehorseyachtcharters.com

Chef Name:

Yacht:

From: Caroline Mitchell – Broker / Agent

Client Name

Tel Home

Yacht

Tel Work

Charter Dates

Client e-mail

MAIN CONTACT/ BOOKING PERSON

Name _____

Address _____

Zip code _____

Age _____

Passport _____

Citizenship _____

Your Group details

Name	Passport	Age	Citizenship

Travel Plans:

Arrival Date _____ Arrival Time _____ Airline & Flight _____

Dept Date _____ Dept Time _____ Airline & Flight _____

Hotel: _____ Date Arrive _____ Date Depart _____

Activities: Please mark 1 to 10 – 1 being the lowest, 10 the highest of favourite things to do. *If you would like to write more please attach separate sheet.*

Sailing		Sunning		Island Tours		Shopping	
Swimming		Fishing		Beachcombing		Night Life	
Snorkelling		Scuba Diving		Water Sports			

Any Special Occasions:

Birthday (date) _____ Anniversary (date) _____ Honeymoon _____

Other (give name and date) _____

Sailing Experience: Give a brief description of your group’s sailing or charter experience.

Any other info to help us provide for your charter group would be appreciated. *(for example a relaxing holiday, an action packed holiday, lots of sailing, favourite water sports to include scuba diving.)*



Food Preference: Please fill out the information below and have your entire group's input as the more information your can give to your charter chef the more accurately he/she can accommodate your tastes. Some items are not available on all the Islands and must be arranged in advance.

Allergies and Dietary requirements/ Special Health Information

Food: Please mark 1 to10 – 1 being the lowest, 10 the highest of preferred meal choices as a group.

Beef		Chicken		Duck		Vegetarian	
Pork		Turkey		Shellfish			
Lamb		Veal		Fish			

Please write a brief description of preferred choices.

Should you have a strong dislike to any of the above please let us know on the space provided, or feel free to attach a separate sheet.

Breakfast American Continental Both

Lunch light Hot Cold

 Heavy Hot Cold

Dinner Do you plan on having dinner ashore one night? _____

Dessert Do you enjoy desserts Yes No

Snacks



For the Kids to complete.

<u>Name</u>	<u>Favourite Snacks</u>	<u>Favourite Drinks</u>	<u>Dislikes</u>

Any further info to help us provide a happy and exciting holiday for the children will be appreciated.

Bar Preference

Please note that some brand names and items may not always be available

Wine Red _____

White _____

Rose _____

Liquors _____

Beer _____

Sodas/Mixes _____

Juices _____

Cocktails _____

Other _____

*** Please note:** Should any of your party suffer from any medical conditions it is advisable to inform the captain.
