



valium 62

LUXURY CATAMARAN – LAGOON 620

Summer 2021

Yacht Charter Guest

Preference
Form

Yacht Charter Guest Preference Form

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

Please get the whole group to complete the preferences together or submit separate preference sheets with special attention to food allergies



CHARTER PARTY: _____

CHARTER DATES: _____

C.P PHONE: _____

Yacht Charter Guest
Preference Form



Passengers Information

1st CABIN: Please fill the following information, per cabin. (If there is a single cabin, fill in one name only)

Passenger 1 (Principal charterer):

Name: _____ Surname: _____
Date of Birth: _____ Male/Female: _____
Nationality: _____ (*Note1) Passport#: _____
Country of residence: _____

Allergies: Seafood/Shellfish Dairy Gluten/Wheat
 Bees/Wasps Peanut Medication

Personal dietary requirement: _____

Vegetarian Vegan Raw Vegan Pescaterian
 Lacto-Ovo Vegetarian

(*Note 2) Other Important personal information: _____

Passenger 2:

Name: _____ Surname: _____
Date of Birth: _____ Male/Female: _____
Nationality: _____ (*Note1) Passport#: _____
Country of residence: _____

Allergies: Seafood/Shellfish Dairy Gluten/Wheat
 Bees/Wasps Peanut Medication

Personal dietary requirement: _____

Vegetarian Vegan Raw Vegan Pescaterian
 Lacto-Ovo Vegetarian

(*Note 2) Other Important personal information: _____

Pre-Choose
your cabin:
(Optional)



CABIN No:

Note 1: Please indicate citizenship. Some nationalities require special visas for entry into certain countries, please contact your embassy for details when in doubt.

Note 2: Fill any other information, may be important for the crew, like persons with Accessibilities, difficulties to get in and out of the yacht, difficulties to climb out of the water or person taller than 1,90m (8,4feets)

Yacht Charter Guest Preference Form



2nd CABIN: Please fill the following information, per cabin. (If there is a single cabin, fill in one name only)

Passenger 3:

Name: _____ Surname: _____

Date of Birth: _____ Male/Female: _____

Nationality: _____ (*Note1)Passport#: _____

Country of residence: _____

Allergies: Seafood/Shellfish Dairy Gluten/Wheat
 Bees/Wasps Peanut Medication

Personal dietary requirement: _____

Vegetarian Vegan Raw Vegan Pescaterian
 Lacto-Ovo Vegeterian

(*Note 2) Other Important personal information: _____

Passenger 4:

Name: _____ Surname: _____

Date of Birth: _____ Male/Female: _____

Nationality: _____ (*Note1)Passport#: _____

Country of residence: _____

Allergies: Seafood/Shellfish Dairy Gluten/Wheat
 Bees/Wasps Peanut Medication

Personal dietary requirement: _____

Vegetarian Vegan Raw Vegan Pescaterian
 Lacto-Ovo Vegeterian

(*Note 2) Other Important personal information: _____

Pre-Choose your cabin:
(Optional)



CABIN No:

Note 1: Please indicate citizenship. Some nationalities require special visas for entry into certain countries, please contact your embassy for details when in doubt.

Note 2: Fill any other information, may be important for the crew, like persons with Accessibilities, difficulties to get in and out of the yacht, difficulties to climb out of the water or person taller than 1,90m (8,4feets)

Yacht Charter Guest Preference Form



3rd CABIN : Please fill the following information, per cabin. (If there is a single cabin, fill in one name

Passenger 5:

Name: _____ Surname: _____
 Date of Birth: _____ Male/Female: _____
 Nationality: _____ (*Note1)Passport#: _____
 Country of residence: _____

Allergies: Seafood/Shellfish Dairy Gluten/Wheat
 Bees/Wasps Peanut Medication

Personal dietary requirement: _____

Vegetarian Vegan Raw Vegan Pescaterian
 Lacto-Ovo Vegeterian

(*Note 2) Other Important personal information: _____

Passenger 6:

Name: _____ Surname: _____
 Date of Birth: _____ Male/Female: _____
 Nationality: _____ (*Note1)Passport#: _____
 Country of residence: _____

Allergies: Seafood/Shellfish Dairy Gluten/Wheat
 Bees/Wasps Peanut Medication

Personal dietary requirement: _____

Vegetarian Vegan Raw Vegan Pescaterian
 Lacto-Ovo Vegeterian

(*Note 2) Other Important personal information: _____

Pre-Choose your cabin: (Optional)



CABIN No:

Note 1: Please indicate citizenship. Some nationalities require special visas for entry into certain countries, please contact your embassy for details when in doubt.

Note 2: Fill any other information, may be important for the crew, like persons with Accessibilities, difficulties to get in and out of the yacht, difficulties to climb out of the water or person taller than 1,90m (8,4feets)

**Yacht Charter Guest
Preference Form**



4th CABIN: Please fill the following information, per cabin. (If there is a single cabin, fill in one name only)

Passenger 7:

Name: _____ Surname: _____
 Date of Birth: _____ Male/Female: _____
 Nationality: _____ (*Note1)Passport#: _____
 Country of residence: _____

Allergies: Seafood/Shellfish Dairy Gluten/Wheat
 Bees/Wasps Peanut Medication

Personal dietary requirement: _____

Vegetarian Vegan Raw Vegan Pescaterian
 Lacto-Ovo Vegeterian

(*Note 2) Other Important personal information: _____

Passenger 8:

Name: _____ Surname: _____
 Date of Birth: _____ Male/Female: _____
 Nationality: _____ (*Note1)Passport#: _____
 Country of residence: _____

Allergies: Seafood/Shellfish Dairy Gluten/Wheat
 Bees/Wasps Peanut Medication

Personal dietary requirement: _____

Vegetarian Vegan Raw Vegan Pescaterian
 Lacto-Ovo Vegeterian

(*Note 2) Other Important personal information: _____

Pre-Choose
your cabin:
(Optional)



CABIN No:

Note 1: Please indicate citizenship. Some nationalities require special visas for entry into certain countries, please contact your embassy for details when in doubt.

Note 2: Fill any other information, may be important for the crew, like persons with Accessibilities, difficulties to get in and out of the yacht, difficulties to climb out of the water or person taller than 1,90m (8,4feets)

**Yacht Charter Guest
Preference Form**



Passenger 9:

Name: _____ Surname: _____
 Date of Birth: _____ Male/Female: _____
 Nationality: _____ (*Note1)Passport#: _____
 Country of residence: _____

Allergies: Seafood/Shellfish Dairy Gluten/Wheat
 Bees/Wasps Peanut Medication

Personal dietary requirement: _____

Vegetarian Vegan Raw Vegan Pescaterian
 Lacto-Ovo Vegeterian

Passenger 10:

Name: _____ Surname: _____
 Date of Birth: _____ Male/Female: _____
 Nationality: _____ (*Note1)Passport#: _____
 Country of residence: _____

Allergies: Seafood/Shellfish Dairy Gluten/Wheat
 Bees/Wasps Peanut Medication

Personal dietary requirement: _____

Vegetarian Vegan Raw Vegan Pescaterian
 Lacto-Ovo Vegeterian

(*Note 2) Other Important personal information: _____



CABIN No:

Note 1: Please indicate citizenship. Some nationalities require special visas for entry into certain countries, please contact your embassy for details when in doubt.

Note 2: Fill any other information, may be important for the crew, like persons with Accessibilities, difficulties to get in and out of the yacht, difficulties to climb out of the water or person taller than 1,90m (8,4feets)

Arrival & Departure Arrangements

To assist you in meeting your travel arrangements please provide the following details for yourself and any other members of your party. We can arrange for transport to meet you at the airport and escort you to the yacht (at the charterer's expense).

Arrival

	Principal Party	G. Party 2	G. Party 3	G. Party 4	G. Party 5
Name(s):	_____	_____	_____	_____	_____
No of Persons:	_____	_____	_____	_____	_____
Arrival Date:	_____	_____	_____	_____	_____
Arrival Time:	_____	_____	_____	_____	_____
Arrival Airport:	_____	_____	_____	_____	_____
Flight No:	_____	_____	_____	_____	_____
<i>If you staying at a hotel prior to boarding:</i>					
Name of Hotel:	_____	_____	_____	_____	_____
City/Area:	_____	_____	_____	_____	_____
<i>Do you wish us to organize your transfer from the airport to hotel? (Minibus/Taxi/Limo)</i>					
Yes/No:	_____	_____	_____	_____	_____
<i>Do you wish us to organize your transfer from the airport or hotel to the yacht? (Minibus/Taxi/Limo)</i>					
Yes/No:	_____	_____	_____	_____	_____

Departure

Departure Date:	_____	_____	_____	_____	_____
Departure Time:	_____	_____	_____	_____	_____
Dep. Airport:	_____	_____	_____	_____	_____
Flight No:	_____	_____	_____	_____	_____
<i>If you staying at a hotel after the charter:</i>					
Name of Hotel:	_____	_____	_____	_____	_____
City/Area:	_____	_____	_____	_____	_____
<i>Do you wish us to organize your transfer from the yacht to airport or hotel? (Minibus/Taxi/Limo)</i>					
Yes/No:	_____	_____	_____	_____	_____
<i>Do you wish us to organize your transfer from the hotel to the airport? (Minibus/Taxi/Limo)</i>					
Yes/No:	_____	_____	_____	_____	_____

More Information:



Yacht Charter Guest Preference Form



Basic Information

Experience

Please give a brief description of your group's sailing and chartering experience:

Medical issues (Heart, Epilepsy, Diabetes, ALLERGIES etc.)

Please fill all Medical issues of any person of the group.



Preference Vacation

What type of vacation do you like?

Active.

Relaxed. Preferring quiet enjoyment.

A combination of the above.

Activities

Please indicate your preferences on the following activities:

Sailing

Snorkeling

Sun Bathing

Music & Dancing

Running

Other: _____

Swimming

Water Sports

Fishing

Island Tours

Shopping

Celebration on board

Please advise any special event you would like to celebrate. (Birthday, Wedding, Anniversary etc.):

Date: _____ Guest: _____ Occasion: _____

Date: _____ Guest: _____ Occasion: _____

Date: _____ Guest: _____ Occasion: _____

Details: _____

Proposed Itineraries

Please fill any preferred cruising areas or particular islands or anchorage you would like to visit.

If you plan to rendezvous with another yacht or friends in a specific port, please confirm where and when.

We would be delighted to discuss this in more detail with you.

Food & Beverage

(Three meals per day are prepared on the yacht: breakfast, lunch and dinner)

Please make a few notes about how you would like the chef to accommodate your tastes. This is for your entire charter party - please get together - it's important to us.

**Dinner: If you would like to eat dinner aboard and have lunch ashore, please, inform*

Breakfast

What time do you generally prefer breakfast to be served?

7:30-9:30 am

8:30-10:30 am

9:30-11:00 am

Other: _____

Please specify your group's breakfast preferences.

American

English

Continental

Cereal

Butter

Jams

Yoghurt

Fruit

Cake

Eggs

Bacon

Sausage

Omelets

Toast

Honey

Milk

Soya Milk

Almond Milk

Coconut Milk

Fruit Yoghurt

Pancakes

Cheese

Bread

Fresh Juices

Oatmeal

Pastries

Other: _____

Warm Beverages

Espresso.....

Cold Coffee.....

Filter coffee.....

Decaf coffee.....

Hot Chocolate.....

Infusions (mint, chamomile)....

Green Tea.....

Black Tea.....

Other: _____

Daytime snacks

Please specify preferred types of snacks:



**Yacht Charter Guest
Preference Form**

Main Meals

Which of the following are your group's preferred?

Beef Pork Veal Lamb
Chicken Duck Vegetarian Salads
Fish Seafood Shellfish
Other: _____

Do you like Spicy foods?

No Spicy: Little Spicy: Very Spicy:

Specialty food i.e. lobster, caviar, foie gras (please specify how often you would like any specialty foods listed)



Preferred Cuisines

Greek Mediterranean
Italian Asian
French Mexican
Other: _____

Are there any special requirements or preferences for children onboard?

Lunch

Light Heavy Hot
Dessert: Do you enjoy desserts or you find a good meal sufficient? _____
What style do you preferred:
Family Formal

Dinner

Light Heavy Hot
Dessert: Do you enjoy desserts or you find a good meal sufficient? _____
What style do you preferred:
Family Formal

**If you wish to eat dinner aboard and lunch ashore, talk to your crew when you discuss your sailing route.*

Preferred Desserts

Light Rich Chocolate Local(Traditional) With Fruits
Other: _____

Special Dietary Requirements



Yacht Charter Guest Preference Form

Drink Requirements

Soft Drinks

	*Qt
Steel Water(1,5lt)	_____
Sparkling Water(700ml)	_____
Lime Sp. Water(250ml)	_____
Coke(330ml)	_____
Diet Coke(330ml)	_____
Coke Zero(330ml)	_____
Sprite(330ml)	_____
Fanta(330ml)	_____
Soda Water(330ml)	_____
Tonic(330ml)	_____
Orange Juice(1lt)	_____
Apple Juice(1lt)	_____
Mix Fruits Juice(1lt)	_____
Lemon Juice(1lt)	_____
Grapefruit Juice(1lt)	_____
Other:_____	

*Qt: Quantity

Beers

	*Qt
Fix(Local)-Lager(330ml)	_____
Fix(local)-Weiss (330ml)	_____
Amstel (330ml)	_____
Mythos (330ml)	_____
Kaiser(330ml)	_____
Heineken (330ml)	_____
Dark Beer(330ml)	_____
Free Alcohol(330ml)	_____
Radler(330ml)	_____
Budweiser(330ml)	_____
Guinness (330ml)	_____
Corona (330ml)	_____
.....(330ml)	_____
.....(330ml)	_____
.....(330ml)	_____
Other:_____	

*Qt: Quantity

Spirits

	*Qt
Whisky-ChivasRegal(btl)	_____
Whisky-Dewar's(btl)	_____
Whisky-.....(btl)	_____
Belvedere Vodka(btl)	_____
Grey Goose Vodka (btl)	_____
Vodca-.....(btl)	_____
Jack Daniel (btl)	_____
Gin..... (btl)	_____
Tequila.....(btl)	_____
Aperol (btl)	_____
Bacardi (btl)	_____
Martini (btl)	_____
Metaxa (btl)	_____
Ouzo (btl)	_____
Tsipouro (btl)	_____
Other:_____	

*Qt: Quantity

Wines

Please indicate your general preferences:

Greek: French: Italian: Portuguese: S. African:

Other: _____

Your preferred specific brand, price range per bottle and quantities you prefer:

	Sp. Brand	Av. Price(Euro)	Quantity
Red	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
White	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Rose	_____	_____	_____
Sparkling wine	_____	_____	_____

Champagnes

Please indicate your preferences:

	Year	Quantity
Krug	_____	_____
Vueve Clicquot	_____	_____
Chrystal	_____	_____
Don Perignon	_____	_____
.....	_____	_____
.....	_____	_____



Emergency Contact Persons

Medical & Emergency Contact

In the event of specialist medical conditions please confirm doctor's name and contact details:

Doctor's name: _____

E-mail address: _____

24hours telephone number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Family or Individual Contact

Please give address and telephone number where you can contacted 48 hours prior to embarkation.

Telephone: _____

Mobile: _____

E-mail address: _____

