

Airline Information (if applicable):

Arrival Date: Airline and Flight No.: Arrival Time:

Departure Date: Airline and Flight No.: Departure Time:

Medical Problems (Heart, Epilepsy, Diabetes, etc.): _____

You Are Mostly....

Active, on-the-go types _____

Interested in relaxing and unwinding _____

Ready to take each day as it develops _____

For the following preferences, please keep in mind that on board a vessel such as this we likely will not be able to reprovision in the middle of a cruise. Please be very specific on what you like or dislike, what beverages you want to have on board – and the QUANTITY of the beverages.

If you have specific food likes/dislikes please let us know. We do not want guests to go hungry.

Do you have any major food dislikes? _____

Do you have any dietary requirements? _____

Do you have any food allergies? _____

FOOD PREFERENCE

BREAKFAST:

What time do you normally get up in the morning? _____

Continental: _____ American: _____ Both: _____

Tea: _____ Coffee: Regular: _____ Decaf: _____

Juices: _____ Favorites: _____

Please circle your favorites:

Eggs French Toast Yogurt

Bacon Pancakes Fruit

Sausage Coffee Cake Muffins

Bagels

Other: _____

Please list any favorite breakfasts you would enjoy. Also, please let us know if you would typically prefer a buffet style breakfast, if you would like the entire group to dine together, or if you want breakfast served as individuals rise. **Note – if traveling with a larger group, just answer for yourself. We do our best to accommodate everyone’s wishes.

LUNCHES:

Typical time you would like lunch served: _____

Light: _____ Moderate: _____ Full: _____

Do you prefer: Hot: _____ Cold: _____ Salads: _____

What are your favorite snacks? _____

Please list any favorite lunches you would enjoy. **Note – if traveling with a larger group, just answer for yourself. We do our best to accommodate everyone’s wishes.

DINNERS:

Typical time you would like dinner served: _____

What are your favorite dinners? _____

Light: _____ Moderate: _____ Full: _____

Please circle your preferences:

Beef	Pork	Fish
Lamb	Chicken	Shellfish
Veal	Cornish Hens	Special favorites: _____
Turkey	Duck	Other: _____

Would you prefer: _____ Dessert every night?

Do you enjoy wine with dinner? _____ Yes White _____ Red _____

_____ No, I prefer: _____

Please list any favorite dinners you would enjoy. **Note – if traveling with a larger group, just answer for yourself. We do our best to accommodate everyone’s wishes.

BAR:

Please circle your beverage preferences, noting approximate quantities.

LIQUOR:	QTY	QTY	QTY
Gin		Scotch	Bourbon
Vodka	_____	Rum	_____
	_____		_____
Other:	_____		
Mixers:	_____		
Favorite Mixed Drinks:	_____		

OTHER:

Favorite Soda/Juice: _____

BEER:

Favorites? Quantities? _____

WINE:	Chardonnay	Sauvignon Blanc	Chablis	Blush
	Cabernet	Pinot Noir	Merlot	Shiraz
	How much do you drink daily? _____			

LIQUEURS:	Ameretto	Baileys	Kahlua	Grand Marnier
	F			

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

For the kids:

I like to eat:

I don't like to eat:

Cold Drinks:

Snacks:

Things I like to do: