



Barrington Hall Corporation
 2805 E Oakland Park Blvd, Ste 397
 Fort Lauderdale, FL 33306

Toll Free 1-800-478-2029
USA Tel. (954) 720-0475
info@yacht-charters.tv

Yacht Charter Information Sheet

CHARTER YACHT: _____ CHARTER PARTY: _____
 CHARTER DATES: _____ CHARTER AGENT: _____

Please list all members of your charter party:

NAME	AGE	U.S. CITIZEN	OTHER <i>Please Specify</i>	DATE OF BIRTH
_____	_____	YES/NO	_____	_____
_____	_____	YES/NO	_____	_____
_____	_____	YES/NO	_____	_____
_____	_____	YES/NO	_____	_____
_____	_____	YES/NO	_____	_____
_____	_____	YES/NO	_____	_____
_____	_____	YES/NO	_____	_____
_____	_____	YES/NO	_____	_____
_____	_____	YES/NO	_____	_____
_____	_____	YES/NO	_____	_____

PASSPORTS ARE REQUIRED BY LAW FOR ALL MEMBERS OF YOUR CHARTER PARTY IF TRAVELING TO FOREIGN COUNTRIES

Airline Information

Arrival Date : _____ Arrival Time : _____
 Airline and Flight No. : _____
 Do you wish to have the crew meet you at the airport ? _____

Are you staying at a hotel prior to boarding ? _____
Hotel Information : Name : _____ Tel. No. _____

Contact for charter party : _____
Telephone #'s (home) : _____ **(work)** _____ **(Other)** _____

YOU ARE MOSTLY...

- Active, "on-the-go" types _____
- Interested in relaxing and unwinding _____
- Ready to take each day as it develops _____

Do you have any specific places in mind to visit while on board? _____

CHARTER ACTIVITIES: Please indicate your interests:

Sailing	_____	Island Tours	_____	Casinos	_____	Water-skiing	_____
Swimming	_____	Snorkeling	_____	Beach Walks	_____	Wave Runners	_____
SCUBA Diving	_____	Windsurfing	_____	Exercise	_____	Music & Dancing	_____
Shopping	_____	Fishing	_____	Parasailing	_____	Docking at Marinas	_____
Sunning	_____	Beachcombing	_____	Dining Ashore	_____		

Are there any guests on board who do not swim? _____

*please note that there are restrictions on the use of wave runners within many ports of call and marine parks

Medical Details:

Please describe any particular medical conditions that apply to any of the guests (such as heart conditions, epilepsy, diabetes and allergies). It is the responsibility of each individual in the charter party to bring along his/her own prescription and non prescription medicines.

Name	Medical Condition

While onboard we would like to know if there are any special occasions that you would like to celebrate, for example birthdays, anniversaries or holidays. Also advise us if you have any preferences towards not celebrating holidays that may fall within the dates of your booked charter that may not fit in with your views.

The occasion	Date and specifics for your request☐

Food Preferences

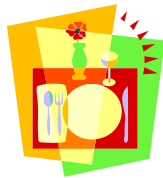


Please make a few notes as to how you prefer your meals to allow the chef to accommodate your tastes. Please be as specific as possible, i.e. Brands and quantities. Whenever possible the exact request will be placed on board, however substitutions may be necessary. Is there anyone in your group that is allergic to a certain food type or for religious or preferential reasons does not eat any type of food? Eg. Kosher, Vegetarian, low card, low sodium, low sugar. Please enter below.

Does any one in the Charter Party have food allergies or dietary requirements?

Name	Allergy or dietary requirements

MEALS



Please check your preferences, add specific preparations where necessary

FOOD	SPECIAL LIKES	DISLIKES
<i>Beef</i>		
<i>Pork</i>		
<i>Lamb</i>		
<i>Veal</i>		
<i>Chicken</i>		
<i>Turkey</i>		
<i>Duck</i>		
<i>Shellfish</i>		
<i>Fish</i>		
<i>Vegetarian</i>		
<i>Pasta</i>		
<i>Other</i>		
<i>Other</i>		

BREAKFAST



Light or Substantial _____ Do you ever eat cooked breakfast? _____

Fruit _____ Dairy Products _____

Buffet _____ Cereals _____

Bacon _____	Sausage _____	Ham _____	Potatoes _____
French Toast _____	Pancakes _____	Waffles _____	Croissants _____
English Muffins _____	Muffins _____	Bread: Rye _____	White _____
Wheat _____	Raisin _____	Other _____	Other _____
Whole Milk _____	2% Milk _____	Jelly/Jams _____	Spreads _____

Special Requests: _____

LUNCH



Light or Substantial? _____ Sandwiches? Hot _____ Cold _____

Sandwich Meats: Turkey _____ Chicken _____ Roast Beef _____ Tuna _____ Other _____

Cheeses: American _____ Swiss _____ Cheddar _____ Other _____

Favorite Breads : _____

Salads: Lobster _____ Shrimp _____ Pasta _____ Green _____ Other _____

Salad Dressings: Blue Cheese _____ Ranch _____ 1000 Island _____ Italian _____

Poppy Seed _____ Low Fat _____ Vinegarette _____ Other _____

Chicken _____ Pasta _____ Seafood _____ Crab Cakes _____ Gourmet Pizza _____

Hot Dogs _____ Hamburgers _____

Soups: Hot _____ Cold _____

Additional Preferences: _____

HORS D'OEUVRES/SNACKS



Caviar _____ Pates _____ Crudités _____ Sushi _____ Popcorn _____
 Nuts _____ Chips _____ Cookies _____ Crackers _____ Fruit & Cheese _____
 Chips & Salsa _____

Other: _____

DINNER



Are you open to new cuisines or do you enjoy traditional dinners? Please give us any examples:

Please check cuisines you and your party enjoy:

Italian _____ French _____
 Indian _____ Thai _____
 Mediterranean _____ Fusion/Californian _____
 Mexican _____ American _____
 Other _____

Soups: Hot _____ Cold _____

Do you like salads with dinner? YES NO

Three courses at dinner? YES NO

Theme nights? YES NO

Vegetables: Broccoli _____ Zuchini _____ Tomato _____
 Mushrooms _____ Peas _____ Corn _____
 Cauliflower _____ Potato _____ Onions _____
 Carrots _____ Spinach _____
 Other _____

Do you plan on having dinner ashore during your trip? _____
 (Please understand that this is at your expense)



Do you enjoy Deserts after dinner-Please be specific:

- Pies _____
- Cakes _____
- Ice Cream _____
- Fruit _____
- Chocolates _____
- Tiramisu _____
- Mousse _____
- Other _____
- Other _____

BAR



Please note approximate quantities and brands (special requests for gourmet items and vintage wines/champagnes are additional on “all inclusive” charters). As with food we should note that not all wines and soft drink varieties are available in all places, though wherever possible we will do our best to accommodate or arrange the closest alternatives to your choices.

Soda, Juice, Mixers & Water

<i>Type</i>	<i>Specific Brand</i>	<i>Quantity bottles</i>	<i>Quantity cases</i>
Coke			
Diet Coke			
Sprite			
Diet Sprite			
Pepsi			
Diet Pepsi			
Caffeine free drinks			
Ginger Ale			
Lemonade			
Orange			
Orange Juice			
Grapefruit Juice			
Apple Juice			
Cranberry Juice			
Tomato Juice			
Club Soda			
Tonic Water			
Bottle water (flat)			
Bottled water (sparkling)			

Other			
Other			
Other			

Tea, Coffee & Hot Drinks*Brand*

Regular coffee/tea	
Decaf coffee/tea	
Espresso	
Ice Tea/herbal tea	
Hot Chocolate	
Other	
other	

Bourbon

Jim Beam		Wild Turkey	
Makers Mark		Other	

Beer

<i>Brand</i>	<i>Quantity 6-pack/cases</i>	<i>Brand</i>	<i>Quantity 6-pack/cases</i>
Amstel		Miller	
Heineken		Miller lite	
Amstel lite		Budweiser	
Corona		Budweiser lite	
Corona lite		Icehouse	
Coors		Guinness	
Coors lite		Other	

Scotch

Johnny Walker		Dewars	
J & B		Glenlivet	
Glenfiddich		Famous Grouse	
Cutty Sark		other	

Whiskey

Jack Daniels		Crown Royal	
Seagrams		Other	
Canadian Club		Other	

Gin

Bombay		Tangeray	
Beefeater		Sapphire	
Gordon		Other	

Vodka

Smirnoff		Stoli	
Grey Goose		Kettle One	
Absolut		Belvedere	
Vox		Other	

Rum

***please note dark or light**

Bacardi		Havana Club	
Malibu		Mount Gay	
Myers		Other	

Digestif

Limoncello		Cognac	
Grappa		Brandy	
Port		Other	

Liqueurs and Appertifs

Amaretto		Baileys	
Cointreau		Drambuie	
Grand Marnier		Galliano	
Kahlua		Campari	
Sambucca		Sherry	
Port		Other	
Tia Maria		Other	

Specialty Drinks

Pina Colada		Martinis	
Bloody Mary		Cosmo	
Margarita		Rum Punch	
Daiquiri		Other	

Wine

Wherever possible we will try to obtain the wines that you requested. If we are unable to source them due to market restraints we will endeavor to contact you prior to arrival to make alternative arrangements.

Reds	Bottles/cases	Year	Approximate cost

Champagnes	Bottles/cases	Year	Approximate cost

Whites	Bottles/cases	Year	Approximate cost

Flowers: tropical arrangements Yes No Approximate cost _____
 Other _____ Approximate cost _____

If possible, would you like to have newspapers in the morning? Yes/No
Any particular one, please list?

Newspaper	Country

Other final considerations:

Please list any other items that have not been addressed or any other items that you would like to have onboard for your trip.

Comments:

 **FOR KIDS ONLY** 

Name: _____ **Age:** _____
_____ **Age:** _____
_____ **Age:** _____
_____ **Age:** _____

I Like: _____

I Don't Like: _____

Cold Drinks: _____

Snacks: _____

Additional Notes: _____

**ENJOY YOUR LUXURY
YACHT VACATION!
Bon Voyage!**

