

PREFERENCE SHEET

We need to know as much as possible about you and your shipmates to insure a successful charter. Please take the time to complete this form. Thank you.

Charter Party: SUYS

Charter Yacht: ISLANDER

Charter Dates: MAR 12 - 20 20 MAR 20 - 20 20

Contact for Charter Party: 003238770480 Daytime Contact #: 00323 823 226

Please list all members of your charter party: (please provide the following information for all passengers)

| | | | |
|-----------------------|------------------------|------------------------|-----------------------|
| First Name | Middle Initial | Last Name | Date of Birth |
| MARCUS | HJ | SUYS | 15-10-1955 |
| Street Address: | | GRAAF DE FIENNES LAAN | 32 |
| B-2650 | | EDEYEM | BELGIUM |
| Place of Birth | Passport Number | Expiration Date | Place of Issue |
| WOLLEBRUEN - BE | EH521005 | 02-03-14 | EDEYEM - BELGIUM |
| First Name | Middle Initial | Last Name | Date of Birth |
| LINDA | G.B. | MOENS | 30-03-1955 |
| Street Address: | | GRAAF DE FIENNES LAAN | 32 |
| B-2650 | | EDEYEM | BELGIUM |
| Place of Birth | Passport Number | Expiration Date | Place of Issue |
| ANTWERP - BE | EH521004 | 02-03-14 | EDEYEM - BELGIUM |
| First Name | Middle Initial | Last Name | Date of Birth |
| | | | |
| Street Address: | | | |
| | | | |
| Place of Birth | Passport Number | Expiration Date | Place of Issue |
| | | | |
| First Name | Middle Initial | Last Name | Date of Birth |
| | | | |
| Street Address: | | | |
| | | | |
| Place of Birth | Passport Number | Expiration Date | Place of Issue |
| | | | |
| First Name | Middle Initial | Last Name | Date of Birth |
| | | | |
| Street Address: | | | |
| | | | |
| Place of Birth | Passport Number | Expiration Date | Place of Issue |
| | | | |

Please attach additional pages for passengers if needed.

Airline Information

| | | | |
|---------------------|----------|-----------------|---------|
| Arrival Date: | MAR - 31 | Arrival Time: | 9:52 PM |
| Airline & Flight #: | DELTA | DELTA 547 | |
| Departure Date: | APR - 02 | Departure Time: | 1:05 PM |
| Airline & Flight #: | DELTA | DELTA | 504 |

Hotel Accommodations

| | | | |
|----------------|-------------------|-----------|-------|
| Name of Hotel: | BUNKER HILL HOTEL | | |
| Date In: | 11/02 | Date Out: | 12/03 |

Medical Problems (heart, epilepsy, diabetes, etc.)

| |
|--------------|
| |
| |
| |
| |

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

| |
|------|
| NONE |
| |
| |
| |
| |
| |

You are mostly.....

Active, on-the-go types

Interested in relaxing and unwinding

Ready to take each day as it develops

_____ X _____

CHARTER ACTIVITIES

Please indicate your preferences on the following activities:

| | |
|--------------|---|
| Sailing | ✓ |
| Swimming | ✓ |
| SCUBA Diving | |
| Shopping | |
| Sunning | ✓ |
| Waterskiing | |
| Other | |

| | |
|-----------------|---|
| Island Tours | ✓ |
| Snorkeling | ✓ |
| Windsurfing | |
| Fishing | |
| Beachcombing | ✓ |
| Music & Dancing | |
| Other | |

Please make a few notes as to how you prefer to eat to allow the cook to accommodate your tastes. This is for your entire charter party—please get together—it's important to us.

| <u>FOOD</u> | <u>SPECIAL LIKES</u> | <u>DISLIKES</u> | <u>Comments</u> |
|--------------------|-----------------------------|------------------------|------------------------|
| Beef | ✓ | | |
| Pork | | | |
| Lamb | ✓ | | |
| Veal | ✓ | | |
| Chicken | ✓ | | |
| Turkey | ✓ | | |
| Duck | ✓ | | |
| Fish | ✓ | | |
| Shellfish | ✓ | | |
| Other | ✓ | | |

SPECIAL NOTES

Breakfast: American _____ Continental ✓ Both _____

Lunch: Light _____ Heavy _____ Hot _____ Cold ✓

Dinner: Do you plan dinner ashore one night? NO

Please understand this is at your expense and will not be deducted from your charter fee.

Dessert: Do you enjoy desserts or do you find a good meal sufficient? _____

Snacks: FRUIT

BAR: Please note approximate quantities and brands

SODAS/MIXES: club soda / gin-tonic / Mojito

BEER: (Cases)

Regular (✓) 2/day Light () _____

LIQUEURS: _____

→ GIN TONIC

LIQUOR: (Fifths) Gin (✓) 2/day Vodka () _____ Bourbon (✓) 2/day

Scotch () _____ Rum (✓) OLL. → MOSITO Other () _____

WINE: STANDARD WHITE

Standard brand liquors and wines supplied. Requested vintage wines and champagnes will be put aboard at the charter's expense.

~~ALLERGIES AND DIETARY REQUIREMENTS:~~

~~_____~~
~~_____~~

SPECIAL OCCASIONS DURING YOUR CHARTER YOU WOULD LIKE THE CREW TO BE AWARE OF:

Birthday _____ Anniversary _____ Honeymoon _____ Other _____ Date _____

10th

FOR KIDS ONLY

~~NAME _____ Age _____~~

~~Cold Drinks _____~~

~~Snacks _____~~

~~I LIKE: _____~~

~~I DON' T LIKE: _____~~

Please limit your choices, as storage aboard your yacht is limited. Remember you are coming to the islands . . . the crew will try their best, but occasionally certain requests and brands are just not available.