



Head Charterer Name (please print): \_\_\_\_\_

Contract No. \_\_\_\_\_ Departure Date: \_\_\_\_\_

*Your Le Bon Temps Roule teams' utmost concern is providing you with the best RVing experience possible. This includes serving up your favorite meals, drinks and snacks. To help your crew with this task please take the time to complete this preference sheet, as this will enable your chef to plan meals that everyone will enjoy.*

Will there be any Special Occasions for any of your party celebrated aboard?

Birthday \_\_\_\_\_ Anniversary \_\_\_\_\_ Honeymoon \_\_\_\_\_ Other \_\_\_\_\_  
 Date (s) \_\_\_\_\_ Guest (s) \_\_\_\_\_

Are there any dietary restrictions and/or food allergies? (I.e. low or cholesterol, vegetarians, lactose, diabetic, etc)

Name of Guest \_\_\_\_\_ Item: \_\_\_\_\_  
 Name of Guest \_\_\_\_\_ Item: \_\_\_\_\_  
 Name of Guest \_\_\_\_\_ Item: \_\_\_\_\_

Do you prefer BREAKFAST to be:                     American                     Continental                     Combination  
 Do you prefer LUNCHESES to be:                     Rich                     Light                     Combination  
 Do you prefer DINNERS to be:                     Rich                     Light                     Combination  
 Do you prefer DESSERTS to be:                     Rich                     Light                     Combination  
 Do you prefer PORTIONS to be:                     Large                     Medium                     Small

Please check any items listed below that your party does NOT wish to eat. For each item that you check, indicate the name of the guests.

DO NOT WISH	NAME OF GUESTS	DO NOT WISH	NAME OF GUESTS
<input type="radio"/> Bacon	_____	<input type="radio"/> Lamb	_____
<input type="radio"/> Beef	_____	<input type="radio"/> Pork	_____
<input type="radio"/> Chicken	_____	<input type="radio"/> Sausage	_____
<input type="radio"/> Fish	_____	<input type="radio"/> Veal	_____
<input type="radio"/> Ham	_____	<input type="radio"/> Duck	_____
<input type="radio"/> BBQ	_____	<input type="radio"/> Other	_____

Child aboard? Please note their ages and favorite foods\*

Name _____	Age _____	Drinks _____	Snacks _____	Meals _____
Name _____	Age _____	Drinks _____	Snacks _____	Meals _____
Name _____	Age _____	Drinks _____	Snacks _____	Meals _____

*\*At times, some items may not be available, therefore substitutions may be necessary.*



Head Charterer Name (please print): \_\_\_\_\_

Contract No. \_\_\_\_\_

Departure Date: \_\_\_\_\_

*In order to help your crew prepare for your upcoming trip, please take the time to complete this beverage preference sheet. Please specify the number of guests that like each item in an effort to insure correct quantities.*

**SOFT DRINKS**

**JUICES**

**WATER / COFFEE / TEA**

TYPE:	(NO. OF GUESTS)
Coke	_____
Pepsi	_____
Sprite	_____
7-UP	_____
Ginger Ale	_____
Root Beer	_____
Diet Coke	_____
Diet Pepsi	_____
Diet Sprite	_____
Diet 7-UP	_____

TYPE:	(NO. OF GUESTS)
Orange	_____
Grapefruit	_____
Cranberry	_____
Apple	_____
Pineapple	_____
V-8	_____
Mango	_____
Other	_____

TYPE:	(NO. OF GUESTS)
Soda	_____
Tonic	_____
Sparkling	_____
Mineral	_____
Bottle	_____
Ground Coffee	_____
Instant Coffee	_____
Instant Decaf	_____
Lipton	_____
Herbal	_____

Please list your favorite drinks:

\_\_\_\_\_

\_\_\_\_\_

Note / Comments / Special Requests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*We may not always be able to accommodate requests for specific brands, substitutions may be required.*