



BESPOKE
GALLEY

Guest Preference Sheet

Name: _____

Date(s): _____

Phone Number: _____

Nationality: _____

Birthday: _____

Personal Dietary Requirements

(circle or describe)

- Vegetarian
- Vegan
- Raw Vegan
- Pescatarian
- Lacto-Ovo Vegetarian
- Other: _____

Allergies: (please circle or describe)

- Seafood/Shellfish
- Bees/Wasps
- Dairy
- Peanut
- Gluten/Wheat
- Medication(s): _____
- Other: _____

Itineraries

Please state any restaurants or other chefs you might be interested in going to/using during your stay)



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Activities & Interests

Please state any activities or sports you are interested in that you might need food for

Main Meals

(Circle interests)

Breakfast



Family Style Formal

Lunch



Family Style Formal

Dinner



Family Style Formal

Food Preferences

(Please circle one for each category)

Beef	Like	Dislike	Indifferent
Pork	Like	Dislike	Indifferent
Lamb	Like	Dislike	Indifferent
Duck	Like	Dislike	Indifferent
Chicken	Like	Dislike	Indifferent
Veal	Like	Dislike	Indifferent
Fish	Like	Dislike	Indifferent
Seafood	Like	Dislike	Indifferent
Shellfish	Like	Dislike	Indifferent
Vegetarian	Like	Dislike	Indifferent
Salads	Like	Dislike	Indifferent



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Preferred Menu/Dishes

(select)

- Japanese
- Italian
- Indian
- Barbeque
- French
- Local
- Asian
- Specialty Foods
 - Lobster, caviar, foie gras

- Specify how often you'd like these items

Deserts (select)

- Rich
- Chocolate
- Light
- Fruit Based or Fruit
- Low fat
- Special Requests: _____

Would you like:

- Daytime snacks? _____
- Buffett/Light Lunches? _____
- Three Course Meals? (Lunch or Dinner?) _____

Celebrations

(Please explain)



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Breakfast Menu/Dishes

(select)

- Continental
- English
- American
- Cereals
- Fresh Fruits
- Pastries
- Coffee / Decaf
- Fresh Fruit Juices
- Bread
- Yogurt
- Oatmeal
- Cows milk
- Soy milk
- Tea
- Vegetable juice

What time do you like breakfast?

- 6:30am-8:30am
- 8:30am-10:30am
- 10:30am-11:30am

Childrens Menu

- Hot dog / Hamburgers
- Salads / Pastas
- Pizza / Chicken tenders
- Other: _____

Alcohol

Please Tell me what relevant brands and quantities of each you desire

Wine

Spirits

Beer



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Juices

(Quantity & specify if you prefer fresh squeezed (FS))

Orange	#_ _ _	FS
Grapefruit	#_ _ _	FS
Carrot	#_ _ _	FS
Pineapple	#_ _ _	FS
Apple	#_ _ _	FS
Tomato	#_ _ _	FS
Cranberry	#_ _ _	
Vegetable	#_ _ _	FS

Beverages

(Quantity & specify brand)

Still Mineral Water	#_ _ _	Brand:_____
Sparkling Mineral Water	#_ _ _	Brand:_____
Cola	#_ _ _	Brand:_____
Diet Cola	#_ _ _	Brand:_____
Cola Zero	#_ _ _	Brand:_____
Lemonade	#_ _ _	Brand:_____
Iced Tea (SWT/UNSWT)	#_ _ _	Brand:_____
Gingerale	#_ _ _	Brand:_____
Tonic Water	#_ _ _	Brand:_____
Soda Water	#_ _ _	Brand:_____
Red Bull	#_ _ _	Brand:_____
Monster	#_ _ _	Brand:_____
Other	#_ _ _	Brand:_____



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Flowers

Please specify if you would like a fresh floral arrangement for any occasion

Emergency

Contact & Phone number

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Staff Interaction

(circle)

As minimal as possible

Some when prompted

Very involved / aka teach me

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Notes we
should know

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should know
