

BLIND TASTING FORM

Taster Name: _____

Date: _____

WINE #	GRAPE VARIETAL REGION (ONLY A GUESS)	TASTING NOTES	HOW WAS THE WINE? JUST SAY IT !	HOW MUCH WOULD YOU PAY RETAIL
1	_____	Appearance / Color Bouquet Flavor, Texture Structure, Finish Rating: _____	Bad OK Good Great <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
2	_____	Appearance / Color Bouquet Flavor, Texture Structure, Finish Rating: _____	Bad OK Good Great <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
3	_____	Appearance / Color Bouquet Flavor, Texture Structure, Finish Rating: _____	Bad OK Good Great <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
4	_____	Appearance / Color Bouquet Flavor, Texture Structure, Finish Rating: _____	Bad OK Good Great <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
5	_____	Appearance / Color Bouquet Flavor, Texture Structure, Finish Rating: _____	Bad OK Good Great <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____

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6	_____	Appearance / Color Bouquet Flavor, Texture Structure, Finish Rating: _____	Bad OK Good Great <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
7	_____	Appearance / Color Bouquet Flavor, Texture Structure, Finish Rating: _____	Bad OK Good Great <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
8	_____	Appearance / Color Bouquet Flavor, Texture Structure, Finish Rating: _____	Bad OK Good Great <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
9	_____	Appearance / Color Bouquet Flavor, Texture Structure, Finish Rating: _____	Bad OK Good Great <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
10	_____	Appearance / Color Bouquet Flavor, Texture Structure, Finish Rating: _____	Bad OK Good Great <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____

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RANK THE 10 WINES

From Best to Worst

WINE #

Best on top

Bottom worst

