

Whisky Tasting-Notes

Name					
Tasting Event				Tasting Date	___.___.20__
Distillery					
Name					
Series					
Bottler					
Region	<input type="checkbox"/> Campbetown / <input type="checkbox"/> Highland / <input type="checkbox"/> Island / <input type="checkbox"/> Islay / <input type="checkbox"/> Lowland / <input type="checkbox"/> Speyside / <input type="checkbox"/> _____				
Vintage		Age	years	Strength	_____.__% Bottle Size cl
Cask Type				Chill filtered	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Date Distilled	___.___._____	Bottling Date	___.___._____	Cask Number	
Bottle Number		No. of Bottles		Cost	<input type="checkbox"/> CHF / <input type="checkbox"/> € / <input type="checkbox"/> \$ / <input type="checkbox"/> £ / <input type="checkbox"/> _____ ._____
Store					
Color					
Nose					
Body					
Taste					
Finish					
Notes					