

Name:	Date:	Cupping Panel:
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Sample	Fragrance (Dry)	Int	Aroma (Wet)	Int	Flavour	Int	Aftertaste	Int	Acidity	Int	Mouthfeel	Int
1.												
2.												
3.												
4.												
5.												
6.												

Please note the Intensity (Int) perceived of the sensory descriptor.	1 = Weak	2 = Medium	3 = High
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