

**Croatia
2020**

Mr Bridge



Booking Form

Please complete this form and return it to: **Great Little Escapes**
Suite 11 Sandhurst House, 297 Yorktown Road College Town Sandhurst GU47 0QA
Tel. 01276 600100 | Fax. 01276 36584 | sales@greatlittlescapes.co.uk

Lead customer name (title, first name, last name):	
Address (billing and postal):	
Postcode:	
Telephone No.	Email Addr:

Passenger Details (as they appear on your passport/s. Add more passengers on the back of this form):

Title	First Name	Last Name	Date of Birth
Nationality:	Passport No.	Expiry date:	Country of issue:
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Please provide the name of your travel insurer:
If you do not have a valid policy please call Holiday Extras on 0800 781 4086 and quote reference no. AD534 for a quotation.

Departure Date: 5th May, 2020 (for 7 or 14 nights) or 12th May, 2020 (7 nights only) [CIRCLE YOUR PREFERENCE]
Departure Airport: Gatwick Bristol Birmingham Manchester East Midlands [CIRCLE YOUR PREFERENCE]
NB. Flight times will appear on the booking confirmation that we will send you by return.
Holiday Duration: 7nts 14nts [PLEASE TICK YOUR PREFERENCE]
Accommodation: Standard room/s at Hotel Eden in Rovinj on Half Board basis.
Room Type: Twin Double Single [PLEASE TICK YOUR PREFERENCE]
Special requests (not guaranteed) | Airport assistance | Dietary/medical conditions:

Travel insurance offered by us: We have partnered with Holiday Extras for travel insurance (underwritten by Allianz Global Assistance). As a guide, insurance premiums are as follows: 6-10 days = £32.97pp* | 11-17 days = £35.89pp* | Double the premium if you are 66-69 and Triple the premium if you are 70-74. Four times the premium if you are 75-90. A £75 excess (£100 if you are 61 and over and claiming for medical and other expenses) applies to most sections. **Age limit 99 years. If you do not have a valid policy please call Holiday Extras on 0800 781 4086 quoting reference AD534 for a quotation.**

PAYMENT DETAILS:	Total Price per person (incl. deposit): £
Deposit = £400 pp Total you are paying today: £ _____	Today's Date: / /
Please state type of card being used: _____	Name of cardholder: _____
Number on card: _____	Expiry date: /
last 3 numbers from back of card: _____	If using a Switch/Maestro card please state issue number: _____
NB. Balance payment is required 12 weeks prior to departure. Cheques are payable to Great Little Escapes. Call for BACS details.	