

Croatia Booking Form 2018

Please complete this form and return it to
Great Little Escapes Suite 11 Sandhurst House, 297 Yorktown Road
College Town Sandhurst GU47 0QA
Telephone: 01276 600100 Facsimile: 01276 36584
Email: sales@greatlittlescapes.co.uk
Website: www.greatlittlescapes.co.uk

Title	First Name (as per passport)	Surname	Date of Birth	Insurance *
_____	_____	_____	_____	YES/NO
_____	_____	_____	_____	YES/NO
_____	_____	_____	_____	YES/NO
_____	_____	_____	_____	YES/NO

Address Details: _____

Postcode: _____

Telephone: _____ **Email:** _____

Accommodation requirements: please tick ___ twin ___ double ___ single

Confirmed flight times will be sent out with your holiday confirmation.
Please enter departure date of holiday required below.

*Please advise name of insurance company if not taking cover with Great Little Escapes

Departure Date: 1st May or 8th May, 2018 **Departure Airport:** _____
 (please indicate which date you require with a circle)
Holiday Duration: 7nts__14nts__ please tick **Resort: Rovinj**
 (14 nights only available on 1st May departure)
Hotel Eden **Meal Plan: Half Board**



Requests/Medical condition : (we will endeavour to meet your requests, but this may not always be possible)

Holiday Insurance: We have made arrangements for insurance cover with Allianz Global Assistance through Holiday Extras at the following rates: 6-10 days £29.50 * 11-17 days £35.50*. Double the premium if you are 65-74 and Triple the premium if you are 75-85.. A £75 excess (£100 if you are 65 and over claiming for medical and other expenses) applies to most sections which can be waived for an additional premium of £11.50 per person. (double excess premium if aged 65-69 and triple express premium if you are 70 and over. **Age limit 85 years**)

PAYMENT DETAILS:

Deposit £350 per person. Total Amount Enclosed (cheques payable to Great Little Escapes)

Insurance premium

I/We enclose cheque value £ _____ date: _____ signed: _____

If paying deposit by debit/credit card please state type of card being used: _____

Name of cardholder : _____ Number on card: _____

Expiry date: _____ 3 digit security number (last 3 numbers from back of card) _____

If using a Switch/Maestro card please state issue number: _____