



Mr Bridge

### Croatia Booking Form

Please complete this form and return it to  
Tunisia First Suite 11 Sandhurst House, 297 Yorktown Road  
College Town Sandhurst GU47 0QA  
Telephone: 01276 600100 Facsimile: 01276 600101  
Email: sales@tunisiafirst.co.uk  
Website: www.tunisiafirst.co.uk

Title	First Name (as per passport)	Surname	Date of Birth	Insurance *
_____	_____	_____	_____	YES/NO
_____	_____	_____	_____	YES/NO
_____	_____	_____	_____	YES/NO
_____	_____	_____	_____	YES/NO
Address Details: _____				_____
Telephone: _____		Postcode: _____		
_____		Email: _____		
_____		_____		
Accommodation requirements: please tick <input type="checkbox"/> twin <input type="checkbox"/> double <input type="checkbox"/> 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 Tunisia First.  
\_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Airport: \_\_\_\_\_

Holiday Duration: 14 nights Resort: Rovinj

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: 1-5 days £23.50 \* 6-10 days £27.75 \* 11-17 days £33.50\* 18-24 days £38.50 \* 25-31 days £42.50. 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 £9.35 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 Tunisia First)

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: \_\_\_\_\_