

A trading division of Planos Holidays Ltd

Please complete, sign and return with deposits and insurance premiums to:
Just Slovenia, The Barns, Woodlands End, Mells, Frome, Somerset BA11 3QD,
or fax to 01373 813444



Title	First name as on passport	Surname as on passport	Tick if vegetarian	Age if under 18 or over 65	Name & Address for correspondence
					Post Code:
					Home Tel:
					Work Tel:
					Email:

It is always useful to know how you heard of us

Sunday Times Daily Telegraph Guardian Observer Sunday Telegraph Other (please specify)

Internet Search Website Previous Client Recommendation

WOULD YOU LIKE TO BE INCLUDED IN ANY "LAST MINUTE DEAL" EMAIL LIST? PLEASE TICK: YES NO

Holiday Properties:

Dates No. of Nights Room Type Board

Dates	No. of Nights	Room Type	Board

Car Hire: We wish to hire a car (see page)

Date From	Date To	First Name/s in Full (additional drivers £12 each)	Group	Roof Rack	Infant Seat

Private Transfers: (cost will be advised)

Date	From	To	Date	From	To
1			3		
2			4		

We wish to order the following:

Please Tick

Flights Required: Yes No

If 'No' please provide full details of flights booked on a separate sheet.

Rough Guide to Slovenia £10	
Map of Slovenia £9	
Sunflower Landscapes - Slovenia Walking Guide £12	
Cot (cost, if any, will be advised)	
Highchair (cost, if any, will be advised)	

UK Airport:

Destination Airport:

Departure Date: Return Date:

Holiday Insurance:

It is a requirement that all clients have insurance cover. Full holiday insurance will be arranged on your behalf if you indicate below that it is required and you enclose the relevant premiums (see page) with your deposit.

INSURANCE COVER REQUIRED Yes No

Remittances:

£

Holiday deposit - £150 per person or as agreed	
Insurance premiums	
TOTAL CHEQUE ENCLOSED/PLEASE DEBIT CARD BELOW	

	1 Week	2 Weeks	Extra Weeks
Standard			
Family			

PLEASE STATE WHETHER: (please tick)

MASTERCARD VISA SWITCH DEBIT AMEX

Credit cards subject to 2% surcharge. American Express 3%

Valid from: / Expiry date: / Switch Issue no:

Please debit the above card

For the balance. Please tick: Yes No Security no:

On behalf of all members of the party, I confirm that I have read & accept the Booking Conditions & the information contained in this booklet. I am over 18 years of age.

AUTHORISED BALANCE PAYMENTS WILL BE TAKEN 8 WEEKS PRIOR TO DEPARTURE

Signed:

Date: