

# Slovenia Booking Form

## PASSENGER NAME & DETAILS

Name \_\_\_\_\_ Group Name **ARTS SOCIETY CRANLEIGH**  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Postcode \_\_\_\_\_  
Daytime Contact Number \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

## TOUR DETAILS

7 days / 6 nights' duration departing **Sunday 18<sup>th</sup> September 2022**  
Return flights – Outbound LHR to Zagreb + Inbound Ljubljana to LHR  
1 night at the 4\* Canopy by Hilton – B&B + Dinner at a local restaurant  
5 nights B&B at the **3\*Superior Ribno Hotel** + dinners nightly either at hotel or venues  
Tour accompanied throughout in resort + local guides + private transportation  
Included excursion package as detailed in our sample itinerary + 3 x lunches  
Price based on a **minimum of 30 paying passengers from £1299pp** Twin / Double share  
Single supplement **£ 149pp (6 nights)** – maximum 12 rooms  
Split deposit **£200pp** at booking + 2<sup>nd</sup> deposit **£200pp** by the **31.01.22** (non-refundable/ non-transferable)  
Balance due in full by the **18.07.22**  
Optional Travel Insurance **£60pp** - No upper age limit (conditions apply) - Includes Covid cancellation cover  
*Includes Insurance Premium Tax (IPT) @ 20%*  
Simply Groups Limited is an appointed representative of ITC Compliance Limited which is authorised and regulated by the Financial Conduct Authority (their registration number is 313486) and which is permitted to advise on and arrange general insurance products.

## PAYMENT METHODS

- Cheques** need to be made payable to: **Trustees of Protected Trust Services Air Travel Trust.**
- BACS** : Payee -**Trustees of Protected Trust Services Air Travel Trust.**  
HSBC: **Sort Code 40-40-14 Account Number: 83664597** (quote **Surname + SG/SLOVZAG** as reference)
- Card Payments** can be made by calling **Simply Groups** on 01943 605999

## **PLEASE COMPLETE BELOW THE NAMES OF ALL PASSENGERS ROOM SHARING**

| Title       | First Name | Surname | Room type | Arts Society Member | SG Insurance | Total Enclosed |
|-------------|------------|---------|-----------|---------------------|--------------|----------------|
| PASSENGER 1 |            |         |           |                     |              |                |
| PASSENGER 2 |            |         |           |                     |              |                |

## SPECIAL REQUESTS, DIETARY, MOBILITY & ADDITIONAL INFORMATION

SPECIAL DIETARY REQUIREMENTS AND ALLERGIES \_\_\_\_\_

RESTRICTED MOBILITY (specify) \_\_\_\_\_ WHEELCHAIR/WALKING AIDS \_\_\_\_\_

ANY OTHER REQUIREMENTS (Preferences and requests are not guaranteed) \_\_\_\_\_

\*Walking aids/wheelchairs **must be** declared prior to departure and are subject to weight and space availability\*  
If there is more than one name on this booking form you must **indicate to whom your special requests refer.**

**Signed on behalf of all above named passengers** \_\_\_\_\_ **Date** \_\_\_\_\_

This signed booking form is a contract between the above passengers and Simply Groups. All deposit & Insurance premium payments are non-refundable and non-transferable under any circumstances. Booking Conditions apply for all other cancellation charges. Terms and conditions can be accessed on our web site or a copy can be sent directly to you on request.

Please complete this booking form and return with your full payment, Insurance premium +excursion if required to:

**Simply Groups, Dalton House, 1 Hawksworth Street, Ilkley, West Yorkshire, LS29 9DU**  
TEL 01943 605999 info@simplygroups.co.uk Any queries contact **Simply Groups** as above  
or email: **Gwen Wright** at: [outings@theartssocietycranleigh.org](mailto:outings@theartssocietycranleigh.org)

**\*IMPORTANT  
INSURANCE  
INFORMATION  
OVERLEAF  
PLEASE READ**

## ADVANCED PASSENGER INFORMATION

The following information is required for all non UK holidays. Names must be written as on passport  
Please make sure that you complete all sections for each passenger both overleaf and below.

|                      |                      |
|----------------------|----------------------|
| Name as on Passport: | Name as on Passport: |
| Passport Number:     | Passport Number:     |
| Expiry date:         | Expiry date:         |
| Nationality:         | Nationality:         |
| Date of Birth:       | Date of Birth:       |

**A valid passport is required for this tour and must have a validity of 6 months from the date of return**

Please note your passport will now expire **10 years from the issue from date.**

## IMPORTANT INSURANCE INFORMATION

Simply Groups Limited is an appointed representative of ITC Compliance Limited which is authorised and regulated by the Financial Conduct Authority (their registration number is 313486) and which is permitted to advise on and arrange general insurance products. Insurance if required is available as detailed overleaf and includes Insurance Premium Tax. This cover is arranged through **Wrightsure Services Limited**.

The '**Status Disclosure Document**' and the **policy terms and conditions** are shown on the Simply Groups Website , or please phone the Simply Groups office to request a copy. These show full details of terms and conditions of the policy.

A copy of the Status Disclosure Document and the Travel Insurance Policy document will be sent to those requesting this Insurance upon receipt of payment.

**In particular please note** : There are health conditions which the group organiser and group members should be aware of. Please read the Insurance policy, as any person who is unable to satisfy these conditions, may not be covered.

It is a condition that at the time of taking out this Policy and between that time and your departure you must comply with each of the following:

1. You are not aware of any reason why the trip should be cancelled or cut short.
2. You are not travelling:-
  - (a) against the advice of a medical practitioner
  - (b) for the purpose of obtaining medical treatment
  - (c) If you have been given a terminal prognosis.
3. You are not receiving or awaiting treatment for any illness or injury as a hospital day case or in-patient as any claim arising from the illness or injury will not be covered.
4. If you are on medication at the time of travel your medical condition must be stable/well controlled.

**When travelling outside of the UK** : You must notify the Helpline immediately of any changes in Health of the conditions listed below arising between the date the Policy is issued and the time of departure for the trip. The insurance company must be informed of any fact which is likely to influence them in the acceptance, assessment or continuance of this insurance. Failure to do so may invalidate this insurance, leaving you with no right to make a claim.

1. If you have received medical treatment as a hospital day case, inpatient or out-patient, during the six months prior to the booking of the trip, you must obtain medical advice from a medical practitioner at your cost confirming that you will be fit enough to take the trip.
2. If you are undergoing medical treatment as a hospital out- patient at the date the final balance of the trip is due to be paid, a certificate of fitness confirming your ability to travel must be obtained by you at your cost.

Should you have any queries regarding the suitability of the policy for your purposes please contact **Wrightsure Insurance on 01329 828228**

Please sign below to confirm your acknowledgment of the above information.

**SIGNED**..... **DATE**.....

## FINANCIAL SECURITY - How Protected Trust Services Works



The PTS system is straightforward. When you pay for your tour, you do not pay Simply Groups directly. Instead, you pay into the PTS Trust Account regardless of payment method, administered by independent trustees as indicated below. We receive your payment from PTS once the tour has completed, meaning that if we fail to deliver the service promised, or in the unlikely event that we cease trading, your payment is safe and can be recovered. If you would like to verify our membership of the Protected Trust Services scheme or have any questions, the PTS team will happily answer your questions.

CLIENT TRUST ACCOUNT ADMINISTRATORS – Protected Trust Services Ltd [www.protectedtrustservices.com](http://www.protectedtrustservices.com) 020 7190 9988.  
CLIENT TRUST ACCOUNT BANK ACCOUNT – HSBC Sort Code 40-40-14 Account Number 83664597