Name of primary contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email / contact phone no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please write clearly – block capitals if hand written)*

**MASHIACH 2020 RESIDENTIAL BOOKING FORM – 22nd to 25th May 2020**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | CONFERENCE REQUIREMENTS | | | PRICE £ | | NUMBER OF PEOPLE | TOTAL  (price x no. of people) |
| **RESIDENTIAL (FULL BOARD) BASED UPON 2 SHARING OR FAMILY ROOM** | | | | | | | |
| ADULT (16+) | Full residential 2 nights | | | £210 | |  | £ |
| CHILD 13-16 | Full residential 2 nights | | | £150 | |  | £ |
| CHILD 4-12 | Full residential 2 nights | | | £105 | |  | £ |
| CHILD 0-3 | Full residential 2 nights | | | Free | |  | £ |
| **RESIDENTIAL (FULL BOARD) WITH EXTRA NIGHT BASED UPON 2 SHARING OR FAMILY ROOM** | | | | | | | |
| ADULT (16+) | Full residential 3 nights | | | £260 | |  | £ |
| CHILD 13-16 | Full residential 3 nights | | | £190 | |  | £ |
| CHILD 4-12 | Full residential 3 nights | | | £140 | |  | £ |
| CHILD 0-3 | Full residential 3 nights | | | Free | |  | £ |
| **DAY VISITORS (Saturday or Sunday only) TO INCLUDE EVENING CELEBRATION AND DINNER** | | | | | | | |
| ADULT (16+) | Lunch, dinner and celebration | | | £80 per day | |  | £ |
| CHILD 13-16 | Lunch, dinner and celebration | | | £55 per day | |  | £ |
| CHILD 4-12 | Lunch, dinner and celebration | | | £45 per day | |  | £ |
| CHILD 0-3 | Lunch, dinner and celebration | | | Free | |  | £ |
| **Subtotal:** | | | | | | | **£** |
|  | | | | | | |  |
| **RESIDENTIAL Family Discount:**  10% deduction of total cost | | | Applicable for families with 2 children or more  aged 4-16 yrs – **RESIDENTIAL ONLY** | | | | (£ ) |
| \* **Single Room Supplement**: add £35 per person to total cost | | | | | | | £ |
| **OPTIONAL DONATIONS to help cover costs of visiting speakers/performers** | | \*\* I am a UK taxpayer and I wish to Gift Aid this donation | | | **Yes/No**  (Please circle) | | £ |
| \*\*I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for the current tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for the current tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given. | | | | | **TOTAL COST** | | **£** |
| **£50 payable by 31st December 2019.** | | **£** |
| **Deposit non-refundable (Residential only)** | | **PER PERSON** (except children under 4) | | |
| **BALANCE (PAYABLE BY 17th APRIL 2020)** | | | | |  | | **£** |

|  |  |
| --- | --- |
| **Cancellation Charges**  % of total price | Less than 6 months notice: 50% payable  Less than 3 months notice: 75% payable  Less than 1 month notice: 100% payable |

Name of primary contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email / contact phone no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please write clearly – block capitals if hand written)*

**PLEASE GIVE NAMES AND DETAILS FOR EACH PERSON INCLUDED ON THE FORM ABOVE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | ADDRESS | EMAIL | TELEPHONE No. | AGE IF UNDER 16 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**ACCOMMODATION REQUIRED AND SPECIAL DIETS**

**Please mark in relevant boxes how many rooms you require (e.g. for family 2 twin rooms or 1 family room). We will endeavour to meet requirements according to availability.**

**If you wish to share with someone not named on this form, please give their name and address.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TWIN ROOM  2 single beds | \* SINGLE ROOM  Single Supplement add £35 per person | FAMILY ROOM  (If available) | DISABLED ACCESS  2 single beds, wide door and large shower room/wetroom | SPECIAL DIETS  Please mark below any special/medical diets followed by any listed above. |
|  |  |  |  |  |

**Please return THE WHOLE completed conference form**

**(with your deposit and/or full amount if paying by cheque\*) to:**

UBMS Administrator, c/o Adat Yeshua Messianic Synagogue, Essex Street, Norwich, NR2 2BL.

If you wish to fill in the form digitally please fill in or scan the completed form

and return to [administrator@ubmsonline.co.uk](mailto:administrator@ubmsonline.co.uk).

*\*Cheques should be made payable to* ***UBMS***

Deposit and balance can also be paid via Internet banking (Ref: MA20 then add your surname).

**Please inform the UBMS Administrator (email above) when you have done so.**

(A/C Name: UBMS, Sort Code: 40-20-85 A/C: 80008788)

or using PayPal via our website [www.ubmsonline.co.uk](http://www.ubmsonline.co.uk).

***Please Note:*** Holiday Insurance is not included in the price.

If you wish to obtain holiday insurance, please make your own arrangements.

Enquiries: [administrator@ubmsonline.](mailto:administrator@ubmsonline.)co.uk