

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

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

## MASHIACH 2022 RESIDENTIAL BOOKING FORM – 3<sup>rd</sup> June to 5<sup>th</sup> June 2022

The conference will run from Friday lunchtime until Sunday lunchtime this year.

	CONFERENCE REQUIREMENTS	PRICE £	NUMBER OF PEOPLE	TOTAL (price x no. of people)
<b>RESIDENTIAL (FULL BOARD) BASED UPON 2 SHARING OR FAMILY ROOM</b>				
ADULT	Full residential 2 nights	£225.00		£
CHILD 5-16	Full residential 2 nights	£125.00		£
CHILD 0 - 4	Full residential 2 nights	Free		£0.00
<b>DAY VISITORS (Saturday or Sunday only) TO INCLUDE EVENING CELEBRATION AND DINNER</b>				
ADULT (16+)	Lunch, dinner and celebration	£66 per day		£
CHILD 5- 16	Lunch, dinner and celebration	£33 per day		£
CHILD 0-4	Lunch, dinner and celebration	Free		£0.00
<b>Subtotal:</b>				£

* Single Room Supplement: add £35 per person to total cost		35.00	£
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.		<b>TOTAL COST</b>	£
Deposit non-refundable (Residential only)		<b>PER PERSON</b> (except children under 4)	£
<b>BALANCE (PAYABLE BY 8th April 2022)</b>			£

<b>Cancellation Charges</b> % of total price	Less than 6 months notice: 50% payable Less than 3 months notice: 75% payable Less than 1 month notice: 100% payable
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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, 26 Dennis Close, Redhill, Surrey. RH1 2AX

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: MA21 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.co.uk](mailto:administrator@ubmsonline.co.uk)