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

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

**MASHIACH 2024 RESIDENTIAL BOOKING FORM – 24th May to 26th May 2024**

**KING’S PARK CONFERENCE CENTRE, NORTHAMPTON NN3 6LL**

The conference will run from Friday dinner until Sunday at 5pm

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | CONFERENCE REQUIREMENTS | PRICE £ | NUMBER OF PEOPLE | TOTAL(price x no. of people) |
| **RESIDENTIAL (FULL BOARD) BASED UPON 2 SHARING OR FAMILY ROOM** |
| ADULT  | Full residential 2 nights | £240.00 |  | £ |
| CHILD 5-16 | Full residential 2 nights | £120.00 |  | £ |
| CHILD 0 – 4 | Full residential 2 nights | Free |  | £0.00 |
| Optional Packed meal to take away on Sunday at the end of conference. **(Pre- booked only)** | £6.00 |  |  |
| **DAY VISITORS (Saturday or Sunday only) TO INCLUDE EVENING CELEBRATION AND DINNER** |
| ADULT (16+) | Lunch, dinner and celebration | £70 per day |  | £ |
| CHILD 5- 16 | Lunch, dinner and celebration | £35 per day |  | £ |
| CHILD 0-4 | Lunch, dinner and celebration | Free |  | £0.00 |
| **Subtotal:** | **£** |
|  |  |
| \* **Single Room Supplement**: add **£37** 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 30th December 2023** | **£** |
| **Deposit non-refundable (Residential only)** | **PER PERSON**(except children under 4) |
| **BALANCE (PAYABLE BY 31st March 2024)** |  | **£** |

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

**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 ROOM2 single beds | \* SINGLE ROOMSingle Supplement add £35 per person | FAMILY ROOM(If available) | DISABLED ACCESS2 single beds, wide door and large shower room/wetroom | SPECIAL DIETSPlease 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

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

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

and return to **administrator@ubmsonline.co.uk**

Deposit and balance can also be paid via Internet banking (Ref: MA24 then add your surname).

(A/C Name: UBMS, Sort Code: 40-20-85 A/C: 80008788) **Please inform the UBMS Administrator (email above) when you have done so.**

For payment via **Pay Pal** fill and return your form and you will receive an invoice with PayPal link.

***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**